TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please service carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deatt.

> VR AI5 (4) 20M 1/65

	MARYLAND STATE DE	PAR	TMENT OF	HEALTH				
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS	, 301	W. PRESTON	STREET,	BALTIMO	DRE 1,	MARYLA	IN
10772	CERTIFICAT	E O	F DEATH			30	2114	5
PLACE DE DEATH		11 2	IISHAL RESIDENCE	(Where deress	ed lived If it	stitution.	Residence h	efor

	1.	PLACE DF DEATH a. CDUNTY					2. USUAL RESID a. STATE	ENCE (Whe	ere decease	d lived, If in: b. CDUI		Residence	before a	amission)
	D. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b				D. C.									
6					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow						st town)			
-		Glenn Da	le (rural)		2 mos. 7 d	ys.	Washing			47	X			
3		d. NAME DF HOS	PITAL OR INSTITUTIO	N (if not	in hospital, give street add	iress)	d. STREET ADDRE	SS						FARM?
8		Glenn Da	le Hospita				1231 K S	St. S.	E.				YES	NO
	- 1	NAME DF DECEASED		rst	Middle		Last	D	ATE	Mont	h	Day		
		(Type or print)	Jess:	Le			Abney		EATH	Dec		6		65
	5. 3	SEX	6. CDLOR DR RACE	7. MARR	IED NEVER MARRIED		B. OATE OF BIRTH		9. AG	E (In years t birthday)	IF UNDER	Days	Hours	
		emale	Negro	WIDDW	A-J		11/2/1886		79	yrs.				
	10a. durli	USUAL DCCUPAT ng most of worki	ION (Give kind of work ng life, even if retire	done 1Di	b. KIND DF BUSINESS DR INDUSTRY		11. BIRT HPLACE	(County &	State, or f	oreign country	C	OUNTRY	OF WHA	
-		enant fa FATHER'S NAMI			farming		Saluda,	S. C.	ME		I	ISA		
		Unknown	VED IN II O ADMED ED	DOFOR I	10 000 IAI OFOLIO ITVINO	1 47	Unknow	1		Addre				
			VER IN U.S. ARMED FD (If yes give war or dates o		16. SOCIAL SECURITY NO.	17.	INFORMANT			Addre	55			
		no			None	- 31	decedent							
	1		EATH [Enter only on	e cause p	er line for (a), (b), and (c).								RVAL BE	
		PART I. OE	ATH WAS CAUSED BY		1monary embol	iem	eite of	origi	in 1111	determ	hari		Sudd	
		110			Imonary embor	LSH	, site of	OLIE.	LII UII	determ	Liteu	-	buda	
		4200	OUE	TO										
		Conditions, if a		(b)										
		cause (a), st		TO g	eneralized ar	ter	ioscleros	is wit	th ar	terios	clere)-		
		underlying cause last. (c) tic heart disease Unknown												
	<u> </u>	PART II. DTHER'S	IGNIFICANT CONDITION	NS CONTE	RIBUTING TO DEATH BUT NO	TRELA	ED TO THE TERMIN	ALDISEASE	CONDITI	DNGIVENIN	PART 1(a)	19.	WAS A	JTDPSY
0	CA	diabete	s mellitus	lseas	RIBUTING TO DEATH BUT NO e, by history t'leg amputat	ion	above kr	Fronei	ine t	18; o gang	rana	YE	S	ND T
d	Ē -	2Da. ACCIDENT	WAS UNDERLYING	1 2Db	DESCRIBE HOW INJURY	OCCU	RREO. (Enter nature	e of Inlury	In Part I	or Part II o	of Item 18	3.)	LA	
	CERTIFICATION	DR CONTRIBUTI	NG CAUSE OF DEA	TH VED)			(=1111)							
					4 INTURY DANIES LOS	- DI A	DE OF INITIES (III	. farm 1 6	05 (014)		(0.0	unty)		State)
	MEDICAL	Hour a.m	NJURY Month, Day,			e. PLA	CE OF INJURY (Home ry, street, office bldg	g., etc.)	or. (Gity	or town)	(60	unty)	,	state,
	AE L	p.n	.,		hile Not While at work					3 11 14			100	
		21 L certify	that (I) (this hose	oital) atte	ended the deceased fro	m 9	/29	3d ⁹ 65	tp 12	/6	. 19 6	5. th	nat (I) (ve) last
		saw the den	eased alive on 1	2/6	19 65 an	d that	death occurred a	30 P.	W. from 1	he causes				
	-	22a. SIGNATUR		1 4	A direction of the second	u tilut	degen bootined a		11, 11 0111 1	000000		DATE SI		
			VVVIT	1/1	Υ		ATTENOING	MED.	- D	STAFF -				
	-	22c. PHYSICIA	Nie	, , ,	W	M.O	PHYS. 22d. ADDRESS	OIRECT		PHYS.		2/6/1	55	
1		NAME (Ty			м р		ZZdi ADDICESS	OTCL		le Hos				
										le, Ma				
	23a.	BURIAL, CREM REMOVAL (Spe		THEREDF	23c. NAME DE CEN	IETERY	OR CREMATORY	230	i. LOCAT	IDN (City, t	OWN OF CO	unty)	(S	tate)
	1	Burial	112-11	7-65	Firest	ill	Men Park	Com	The	V,		15 5151	ATURE	
-	24.	FUNERAL DIRE	CTDR	, /	ADORESS	1	25a.	REC'D BY	REGISTRA	1001	EGISTRAR	0	ATURE	
a	(29010	20 K D	OSTO	n 120311	1/	C HA DE	C 1 3	1965	face	ionela	o Ju	oge	
21	_		per 1 mg		21/11/11/11	4-1-5				0		U	1	

common parties de con l'étate l'avoir l'angletique con ((comp) and pasid 1031 W SE. S. E. Charles Dalle Barris TOTAL olnset COOL 0835/2/10 .0 .R .mar(BB None Sedden bondered with a lot of early and long remained - notagoigate i impagnicia, mani iagi into oc ograpia practical riconatie bourt ilecase. Dy bistory: chronic pyclosophritis: Gienn Dog Lings (Last) .C. M. onio col

TO FUNE THE STATE OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2									W () Z () E
1.	PLACE DF DEATH a. CDUNTYPrinc	e Georges C	county	MARYLAND	a. S1	AL RESIDENCE			tesidence before admission) nce George
	Bewle and	f outside corporate lin give nearest town)	3	ENGTH OF STAY IN 3	Lb C. CITY	OR TOWN (If ou	tside corporate	limits, write RURAL	and give nearest town)
	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hospital	I, give street addre	ss) d. STREE	T ADDRESS			e. IS RESIDENCE
P	RINCE GEOR	LGES COUNT	Y HOSPI	TAL	11/	1 SAFET	Y TURN,	BOWIE,	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Clayt	on	Middle B. A	ldrich		DATE DF DEATH	12- 24	Day Year 1965
5.	SEX 6.	CDLOR OR RACE 7. N	APPLED BY	NEVER MARRIED		F BIRTH	19 AGE	(In years LIFTINDER	1 YEAR IF UNDER 24 HRS.
	M	WW	IDOWED 🗌	DIVORCED [1 4	6,1893		birthday) Months	Days Hours Min.
102	i. USUAL OCCUPATION ing most of working I	(Give kind of work done		F BUSINESS OR	11. BIRT	THPLACE (Count	y & State, or fore		ITIZEN DF WHAT
dui	PHARMAC		DELLA	4G15T	TAIL	NTON 1	MASS.	CO	OUNTRY?
13.	FATHER'S NAME	773	41-40	70/3/		HER'S MAIDEN		4	7. 31
		M. ALDE	CICH					BARRY	
15	. WAS DECEASED EVER	IN U.S. ARMED FORCES	? 16. SOCIA	LSECURITY NO. 1	7. INFORMAN			Address	
(Ye	s, no, or unkown) (If)	res give war or dates of servi	^(ce) 577 -	05-9217		J. Tor	271770	(Son-in-	law)
	18. CAUSE OF DEAT	H [Enter only one cau	se per line for	(a), (b), and (c),]	o emico	0 101	11110	, , , , , , , , , , , , , , , , , , , ,	I INTERVAL BETWEEN
					+4	ant a			DNSET AND DEATH
	1/2 / IN	WAS CAUSED BY: IMEDIATE CAUSE (a)	Ayocares	Lai intare	cron, a	eute			1 Hour
	4201	DUE TO							
- 1	Conditions, If any,		Bronary	y arterios	clereti	e heart	disease	with	5 years
	gave rise to Imn	nadiate /						·	
	cause (a), statin	0	TO MAG	cardial in	laretto	n and r	ignt bun	dle branch	
~	underlying cause la	/ (0)				DIOCI	N.		
9	PART II. OTHER SIGN	IFICANT CONDITIONS C	DNTRIBUTINGT	TO DEATH BUT NOT R	ELATED TO THE	TERMINAL DISE	ASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTDPSY
FICAT		nysema, puli	nonary,	chronic w	rithfreq	uent act	ute ashm	atic like	YES ND X
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY	UNDERLYING DEATH CAUSE DF OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY OF	CCURRED. (Ent	er nature of In	ury in Part I or	Part II of Item 18.)
MEDICAL	20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY		PLACE OF INJU	RY (Home, farm,	20f. (City o	r town) (Cou	nty) (State)
0	Hour a.m.		While N	ot While fa	ctory, street, o	ffice bldg., etc.)	94	De La Laboration	
Σ	p.m.	19		at work					
	21. I certify th	at (1) (Missingential) (1) to	attended the	e deceased from.	Nov 27	. 19	62. to I	ec 24 . 1965	that (I) (we) last
	saw the deceas	ed alive on Dec	22			curred at 1:	290, from the	causes and on t	he date stated above.
	22a. SIGNATURE	Jels. (1	1),	1.5					ATE SIGNED
		from c	ALL	came	M.D. PHYS.	ING MED	ECTOR PH	AFF Dec	24, k965
	22c. PHYSICIAN'S			90.		ADDRESS	20.011	10.	
	NAME (Type)	John Cosma	, M.D.		30	10 Ston	ybrook I	rive, Bow:	Le, Md.
23a	. BURIAL, CREMATIC	N, 23b. DATE THERI	DF 23c.	. NAME OF CEMETI	FRY OR CREMA	TORY , 1	23d. LOCATIO	N (City, town or cou	inty) (State)
	REMDVAL (Specify	12-28-1		20111/67		- NATL			
	BURIAL			12000			WLITI	gton, Va	•
24	TOP AND DIRECTOR	tri on i - d		ADDRESS C	ENEL EX	25a. REC'D	BY REGISTRAR	25b. REGISTRAR	SSIGNATURE
	5130 Wigo	wler's So	ns, win	Gragh DC	0.5	atAN 3	1000	Planela	0

VR A15 (4) 20M 1/65

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syred soning	and and a second		s necessary to the	nalmi
	e in the	1,54		ske.
AN AMAS HAR	Supplies Section		James St.	
BE 15- 831-81			are trade to	
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1. 2. 1	St. Jackson	AND LONG		Perboads
Com Links	FIRST YEAR		AT ALLEN	
The Cash-dampal off	Market . To Market		4.5	
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	Nov 27		CHARREN LES	
Haki, M. not. 1985	× 1			
riok grive, howen, in in	1010 Stangen		. (, ame q)) mire	
. V , kotnailw	A THE STREET		abef-couer cond plants	S Montoly 50 U OSS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removes each papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16774 CERTIFICATE OF DEATH

X U U U TX	OLIVIIIIIOAIL	OI DEATH		411100
1. PLACE OF DEATH a. COUNTY		a. STATE	b. COUNT	
Prince Georges	MARYLAND	Mary	Aland Prin	nce Georges
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
Cheverly	48 days	A Land	lover	
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges Ge meral	Hospital	2709	Virginia Ave	YES NO
3. NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE Month OF DEATH	Day Year
F OFY LO COLOR OF THE T		rmstrong	Dec.	9 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.		last birthday)	UNDER 1 YEAR FUNDER 24 HRS.
Male White WIDOWED	DIVORCED X	8-18-189	2 73 yrs.	ionitiis Days nours min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Hather	IND OF BUSINESS OR VOUSTRY ILding	Clinton,	unty & State, or foreign country) Illinois	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
William Armstrong		Edith Dru	ım	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	77 Address	alker Mill Rd.
(Yes, no, or unkown) (If yes nive war or dates of service) 57	7 10 4319 F	Richard B.		ton D. C.
18. CAUSE OF DEATH [Enter only one cause per I	ne for (a), (b), and (c).]		- 1	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 0 0 11	1	00111	ONSET AND DEATH
IMMEDIATE CAUSE (a)	return 100	renter	accusin	(172/6)
33/X DUE TO				
Conditions, if any, which (b)				
gave rise to immediate (
cause (a), stating the DUE TO				
underlying cause last. (c)				
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 202. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING 20b. I (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of	injury in Part I or Part II of i	Item 18.)
Z 20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, far	rm. 20f. (City or town)	(County) (State)
Hour a.m. While	Not While factory	, street, office bldg., et	c.)	(outry) (otato)
ZOC. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. While at work		. /	/	Part Stronger
21. I certify that (!) (this hospital) attended			63, to /2/9	, 19 45, that (I) (we) last
saw the deceased alive on /2/	8 19 6 %, and that	death occurred al	35 M. from the causes ar	nd on the date stated above.
22a. SIGNATURE				22b. DATE SIGNED
1Xnon	MA	ATTENDING N	MED. STAFF	12/9/61
226. PHYSICIÁN'S	M.D.	PHYS. D	DIRECTOR PHYS.	17/1-
NAME (Type) Dr. Frederick	E. Musser	4410 74th	Avenue, Belleme	ead Marvland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 12/13/65	23c. NAME OF CEMETERY	UR CKEMATURY	23d. LOCATION (City, town	
	Cedar Hill		Suitland,	Md.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
Francis Gasch's Sons Hya	attsville, Md.	DEC	1 3 1965 Jelia	rela Judge

VR A15 (4)

Talkatika manana	
10 15 15 15 15 15 15 15 15 15 15 15 15 15	
the Park and A	per a me a melitaw
batu. Mari Wassin T. T. C. C. Maria	
Marie o selanos	
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Continue . brane

FOR STATE HEALTH DEPT.

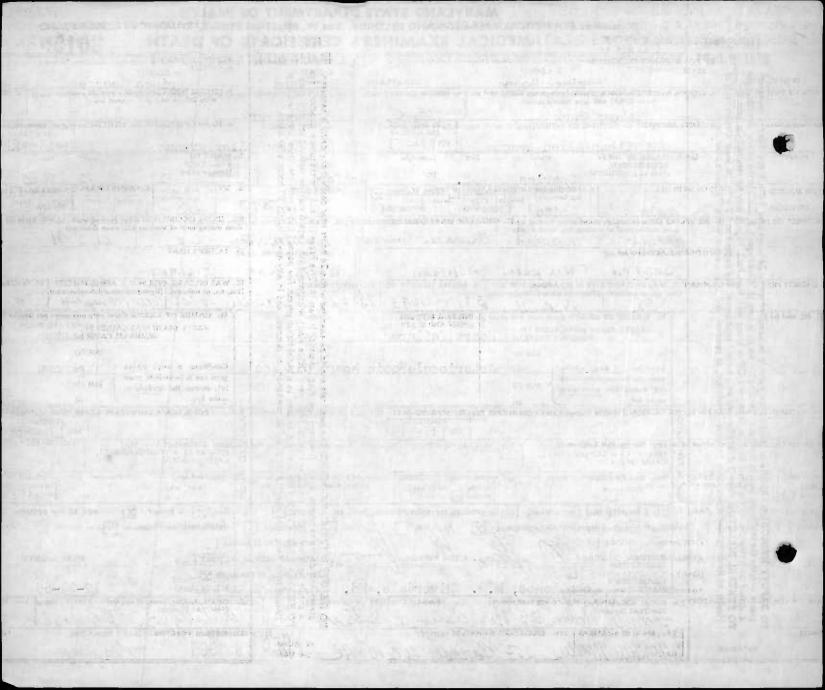
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

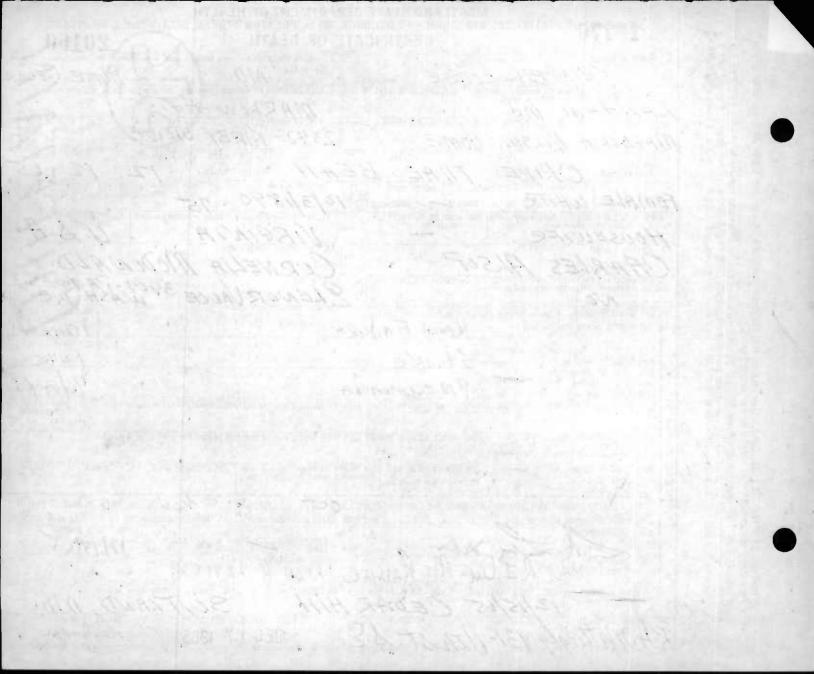
16775 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	0159
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If instit	ution: Residence before admission)
	e. STATE b. COUNTY	C
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	Maryland Prince c. CITY OR TOWN (If outside corporate limits, write RU)	
write RURAL and give nearest town)		and give more town,
Takoma Park YEARS	1 Takoma Park	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
428 Ethan Allen Avenue	428 Ethan Allen Avenue	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print)	shford OF DEATH 12	22 19 65
	8. DATE OF BIRTH 9. AGE (In years IF U	~~
		nths Days Hours Min.
MILLE MILLE	RY 11. BIRTHPLACE (State of foreign sountry)	12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even If retirad)		1
MECHANIC'S HELPER BROMWELL FIREPLACE		U.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOSEPH FRANKLIN ASHFORD	GEIEGIANNA GRIMES	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	4.1
(Yes, no, or unkown) (Hyesgivewerordatesofservice) 579-01-1693 B	who Brownsell 10700 Am	Hany Ose SJ. M.
1 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	The service of the se	I INTERVAL BETWEEN
PART I DEATH WAS CALISED BY.		ONSET AND DEATH
IMMEDIATE CAUSE (a) Heart failure		minutes
4200 DUE TO		
Conditions, if eny, which \ (b) Arteriosclerotic	heart disease	unknown
gave rise to Immediate cause		
(a), stating the underlying		
16/	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	N PART I(a) 19 WAS AUTOREN
E CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE BOTTON	OF RESTREE TO THE TERMINAL DISEASE CONDITION GIVEN I	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. PRIMARY or CONTRIBUTING CAUSE OF DEATH.		YES NO M
20b. DESCRIBE HOW INJURY OCCURRED.	(Entar nature of Injury In Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
nour e.m.	tory, streat, office bldg., atc.)	
	ald an Autonou D. Inmedian Ed. 1	el and in mu autition
21. I certify that I took charge of the remains described above, he	/	
death resulted from: Natural causes [3]. Accident [], Suis	ofde, Homicide, Undetermined mann	er _
1 / 1 //	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	DEPUTY MEDICAL EXAMINER	
NAME (Type) John Rehoe, M.D. Riverdale, M		12-23-65
228. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or	
REMOVAL (Specify)	Traval arlington	1/1000000
23. FUNERAL DIRECTOR ADDRESS	24a, REC'D BY REGISTRAR (24b. REGISTRA	AD'S SIGNATION
VI CONTRACTOR OF ADDRESS	DEC 2 9 1965 Clia	0 0
CA. (While Middlink) SW (Pare sell) / h/ k/	III LAND A MAN MOUNT	Wen Judge



VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
TKINCE (-EORO-E MARYLAND	a. STATE M.D. b. COUNTY PRINCE GEORGE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LANHAM MC	X MARLOW-HOIS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
MAGNOLIA NURSING HOME	2342- KIRBY URIVE YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) OLIVE MAE, BE)	4// DEATH /2 /2 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Inst birthday Months Days Hours Min.
VEITALE WHITE WIDOWED DIVORCED 1	0/3/18 / 0 /5 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME
CHARLES HISOT	CORNELIA MICDONALD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes give war or dates of service)	FORMANT 3Address - PA. AVES.E.
No	LENOIS VANCE WASH D.C.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN QNSET AND DEATH
IMMEDIATE CAUSE (a) NPART THE YEAR	1 day
Conditions If any which OUE TO	i me
Conditions, If any, which (b) 5 TWKE	101
cause (a), stating the underlying cause last. (c)	44445
	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, while contribution of the pure of the property o	OF INJURY (Home, farm, 20f. (City or town) (County) (State) , street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	10 1965, to NOO , 1965, that (1) (we) last
saw the deceased alive on	leath occurred at 6 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
M.O.	PHYS. DIRECTOR PHYS. 1 1 3 5 3
PHYSICIAN'S NAME (Type) 3408 R. I. Que. MT. KAINIER	LEON K. LEVITSKY
23a. BURIAL, CALMITTON, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City, town or county) (State)
12/13/65 (EDITK /	111 SO/ILAND, IYID.
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
K.H.// Mungly 131-11Th ST. D.Z.	DIEC 17 1965 June Junge



PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission
a. COUNTY Prince Georges MARYLAN	a. STATE Maryland b. COUNTY Pr. Goo's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) fown)
	X RURAL-Upper Marlboro
	d. STREET ADDRESS o. IS RESIDENCE ON A FARM
	RFD 1707
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	20000
A MARKET MARKET	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last bighday) Months Days Hours Min.
· · · · · · · · · · · · · · · · · · ·	March 9,1901 50 yrs.
ne during most of working lifa, even if retired)	USTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT
	Forestville, Maryland U. S. A.
	Jane Louise Tolson
es, no, or unkown) (If yes give war or datas of service)	Same as Item
	Mrs. Dorothy Fenno Bean- #2.
// 44 /4	ONSET AND DEATH
IMMEDIATE CAUSE (8)	meny aces
DUE TO	of left man bronches & lung 6 mos
gave rise to immediate cause	of regional of many of many
(a), stating the underlying	
10/	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP
	PERFORMED YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URED. (Enter nature of injury In Part I or Part II of item 18.)
OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
Hour a.m. While Not While	factory, street, office bldg., etc.)
Pellis 17 , Cal teat	om 1 Lee 1965, to /// Lee 1965, that (1) (we)
0///	that death occurred at Lam, from the causes and on the date stated abo
22a. SIGNATURE	22b. DA1
(IN) Harris	ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type) Robert B. Sasscer, M.	M.D. ATTENDING MED. STAFF PHYS. 12/17/65
F F	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) RURAL—Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) RFD 1707 NAME OF BECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired) Tobacco Farming S. FATHER'S NAME A reenious W. Bean S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ifyes give war or dates of service) Unknown 18. CAUSE OF DEATH (Enter only one cause page line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20s. ACCIDENT WAS UNDERLYING DEATH (FITHER, NOTIFY MEDICAL EXAMINER) 20s. ACCIDENT WAS UNDERLYING DEATH (FITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that (I) (this hospital) attended the deceased fire saw the deceased alive on

funeral

Maryland Ir. Coo's Be rou for in. or of free grand- selly WWW.-Copen Juniore Lile 1071 03 A 1)1-1 uction than December 11, 15 Jar e eren 9,1907 58 edito afett Porestville, Maryland U. S. A. osceo arain Orn an June Louise Yelson A remisus . Seu mot C of 6 Pra. Moroshy James et a. 2. new total material alex Left mer foretier they live 12/17/65

Turied 12/20/65 Epiperny Comptony Porosiville Mergland

Ricchic Pros. Upper Marlioro, 18.

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2, with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

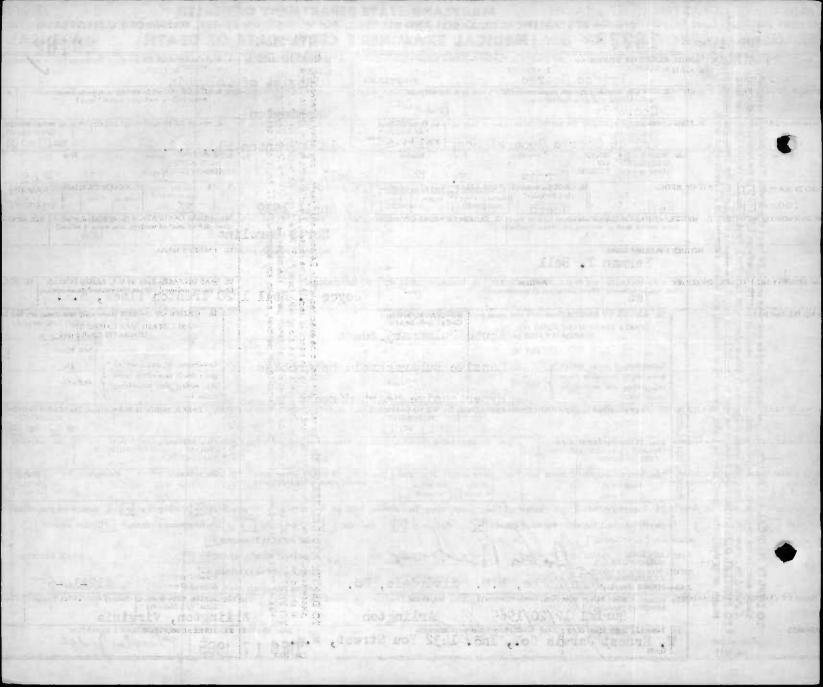
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

EXAMINED'S CEPTIFICATE OF DEATH MEDICAL

J. PLACE OF DEATH a. COUNTY	#14 Film #0372	2. USUAL RESIDEN	CE (Where deceased lived	, If institution: Re	sidence before ed hission		
Prince George	District of Columbia						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	e. LENGTH OF STAY IN 16	e. CITY OR TOWN (If outside eorporate limits,	1	give neerest town)		
Cheverly	DOA	Washingto	n 4	71-3			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS			IS RESIDENCE ON A FARM?		
Prince George General He		1820 Trent			YES NO		
3. NAME OF First DECEASED (Type or print)	Middle	Bell	4. DATE M	onth	14 19 65		
5. SEX 6. COLOR OR RACE 7. MARRI		DELL DATE OF BIRTH	9. AGE (In ye	ears IF UNDER 1 Y			
Male Negro Widow		9 April 1939	lest birthde	Months D	eys Hours Min.		
	(IND OF BUSINESS OR INDUSTR	North Car			EN OF WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1			
Herman T. Bell		Rowena	Cox				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noner unknown) (Ifyes give war or detes of service)		oyce C. Bell	1820 Trento		S.E.		
13. CAUSE OF DEATH [Enter only one cause per PART L DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH		
1 4 4 3 X DUE TO	e rulmonary ede	ma			minutes		
	ive subarachnoi	d hemorrhage	Transcorr - In				
(a), steting the underlying DUE TO		0					
	rtensive heart	disease					
- 0.1			HAL DISEASE CONDITION	GIVEN IN PART 1	PERFORMED?		
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRED.	(Enter neture of injury in F	ert I or Pert II of item 18.)		Q TEL		
20c. TIME OF INJURY Month, Dey, Yeer 20d. While Hour e.m.	1	CE OF INJURY (Home, farm ory, street, office bldg., etc.		(Count	(State)		
21. I certify that I took charge of the rer		ld an Autopsy	Inspection X Inc	quiry x	and in my opinion		
death resulted from: Natural causes X	Accident . Suici		_	manner _			
ACTUAL SIGNATURE	who	CHIEF MEDICAL	ICAL EXAMINER		DATE SIGNED		
EXAMINER'S John Kehoe, M.D.	Riverdale, Md	DEPUTY MEDICAL Address (Street, or	EXAMINER	1	2-14-65		
220. BURIAL, CREMATION, 72b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, to		(State)		
Buried 1/2/20/1965	Arlington	1 24 252	Arlington,				
W. Ernest Varvis Co., Inc	1432 You Stre			lianles J	udge.		

VR AISME 5M 1/63

2



FOR STATE-HEALTH DEPT d 20 the funeral director. Page (2 be) etained for your files. IO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 24 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m is be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Health or its designated agent, prior to burial, cremation, or removal, and in any event within 79 b 0

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16779

AAFRICAL EVA MINES	VC AFREIRIAATE AF	DE ASSELL
MEDICAL EXAMINER	" CERTIFICATE OF	DEATH
MILDICAL LAMINITAL	TO CHILLIST COLLEGE	
The same of the Man I am I	W() 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

	TOWN # 11 I'M #17	16 6/6/10	7	A	~ ' '
A. COUNTY	0 # 14 1111 #9		ICE (Where decresed lived, If i		e before edmission)
Prince George's	MARYLAND	Maryland	b. coun	ce George	15
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	e. LENGTH OF STAY IN 16		(If outside eorporete limits, write		
Riverdale	DOA	/ Riverdale			
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS			. IS RESIDENCE
* * * * * * * * * * * * * * * * * * * *		(20/ 1/11	A-ta-ara		ON A FARM?
Leland Memorial Hospital	Middla	6306 46th	Avenue 1.4. DATE Month		YES NO
DECEASED	Middla	Last	OF	Day	Year
(Type or print) Raymond	Kingerly	Bell	DEATH 1	2 13	19 65
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
1400044		11 July 18	9 J last birthday) 7/ yrs.	Months Days	Hours Min.
hate Milte	(IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State		I 12. CITIZEN OF	WHAT COUNTRY?
done during most of working life, syen if retired)	TRUCK	DAUPHIN	, PENNA.	4.5.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1-4-	
INSERH BELL		MAXXXXX	*HATM/ Hattie	Boll 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 Y	NEODWENT	Address		
(Yas, no, or unkown) [(livesgive war or dates of ervice)	7-10-7048-1	- 4. P	A CONTRACTOR OF STREET	KIVEND	we no
JES WWD. Ell X7.	1-10-1010 46	NA BELL-	6306-46	- Ans	-
18. CAUSE OF DEATH Enter only one cause par	line for (e), (b), end (c).]				ERVAL BETWEEN SET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart	failure				nutes
1/200					
4 400 DUE TO					
Conditions, if any, which gave rise to immediate cause	riosclerotic hea	art disease		unk	nown
(a), stating the underlying DUE TO					
sause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19	
Ĭ				Y	PERFORMED?
208. EXTERNAL CAUSE WAS 1 206. DESC	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Pert I or Part II of itam 18.1		
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	The state of the s	,			
0		CE OF INJURY (Home, far		(County)	(State)
Hour a.m. Whil	e Not While factors	ory, street, office bldg., et	c.)		
7					
21. I certify that I took charge of the ren	nains described above, he	d an Autopsy,	Inspection X, Inquir	y K, and	in my opinion
death resulted from: Natural courses	Accident . Suici	de 🔲, Homicide	Undetermined ma	anner	
		CHIEF MEDICAL	EXAMINER		
ACTUAL	. 2/1	ASSISTANT ME	DICAL EXAMINER	Di	ATE SIGNED
SIGNATURE	<u></u>	M.D.		2011/03/01	
EXAMINER'S John Kehoe, M.D.	Riverdale, Mo		city, town, or county)	12-1	3-65
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 116/65	HRLING TON		AR LINGTON	11/1	(State)
W.W.CHAMBERS Co-	PINNOM	E MAD DE CE		STRAP'S SIGNATU	
		/			

VR A1SME 5M 1/63

Supervisor (Riker) TRUCK DAMPHIN, PENMA JOSEPH BEIL Huknown de mousely 24-9069-128 West Shot-01-161 It 9.IMM Col

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY rbon papers. Pages 1 a within 72 hours after 4 a. STATE b. COUNTY Prince George Maryland Pr. Geo.

c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town) D.O.A. Cheverly Mt. Rainier completely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET AOORESS ON A FARM? Prince Georges Gen. Hosp. YES NO TO 4301 Kaywood Carbon 3. NAME DE DATE Month Day Year Middle Last DECEASED Leonard A. Blush Dec . 5 1965 DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIEO 5. SEX OATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Hours Male White 1903 WIODWED [OIVORCED 62 and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b, KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) physician ease INDUSTRY COUNTRY? U.S.Govt .- Ret. U.S.A. Washing ton, D.C. Machinist 13. FATHER'S NAME or removal. 14. MOTHER'S MAIDEN NAME Then Edwin H. Blush Gertrude B. McDonald 15. WAS OFCEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. burial, cremation, 579-10-0996 Mary L. Blush (above address) Mrs. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] al-transit DOSET AND DEATH þ PART I. DEATH WAS CAUSED BY: attending physician IMMEDIATE CAUSE (a signed OUF TO been sig Conditions, if any, which gave rise to immediate as the prior to **OUE TO** (a), stating the underlying cause last, (C) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate 0 YES ND T hospital OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNCERLYING etached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be be retained by at work at work p.m. FUNERAL DIRECTOR: Affirector, page 3 should be hould be filed with the S 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at A.M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. **OIRECTOR** PHYS. M.O. may PHYSICIAN'S ADORESS 22d director, p should be 1 4 BURIAL, CREMATION, 23b. OATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Colmar Manor. Md. Fort Lincoln Cemetery REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR Maryland Home

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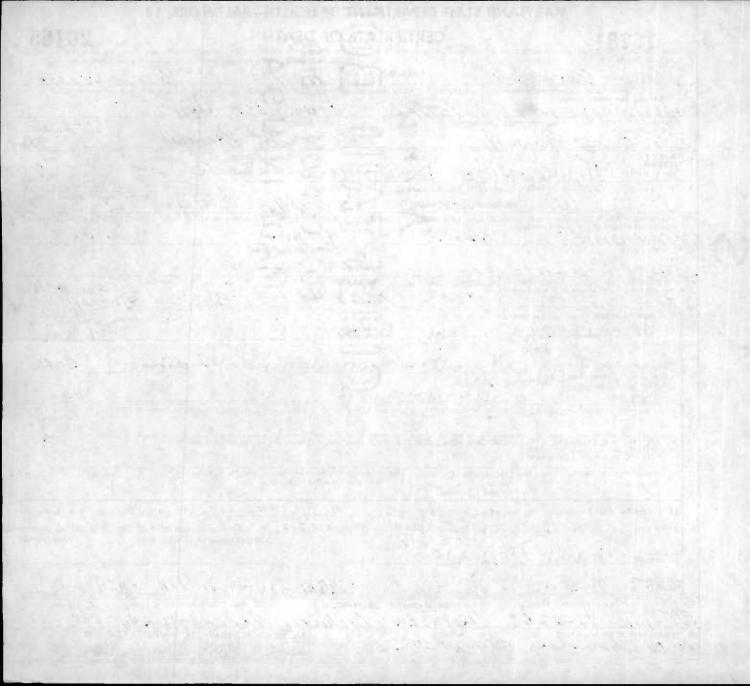
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Distance A. French L.	rients is much
	A 111-02 Prof. 10-5-44-103
Strategy of the strategy of th	
	Terres Toyley Es

REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Q E Q G VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE



TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

			MARYLAND	STATE DE	PARTN	IENT OF	HEALTH		
DIV	ISION OF	STATISTICAL	RESEARCH AI	ND RECORDS	, 301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
167	82		CE	RTIFICAT	E OF	DEATH			2016

104	82		CERTIFICAT	E UP DEATI	П			211	10	0
1. PLACE OF				2. USUAL RESIDEN	CE (Where dece	ased lived, If Ins	titution: Re	sidence	before ad	mission)
a. COUNT	nce George's	RELATION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON		a. STATE Marylai	nd	b. coup	nce G	0000	1010	
	R TOWN (If outside corp		MARYLAND I C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I					,	t town)
write	RURAL and give nearest	town)		l w		oraco minico, m	TO NOWE	and 8111	, 1100100	
	verly		5 days	X Oxen H.						
d. NAME	OF HOSPITAL OR INSTITU	UTION (If not in h	ospital, give street address)	d. STREET ADDRESS				0.	IS RESI	DENCE ARM?
Pri	nce George's	General	Hospital	5410 T	hompson	Lane		Y	_	NO 🗌
3. NAME OF DECEASE		First	Middle	Last	4. DATE	Mont		Day	Yea	
(Type or I	orint) H	lerbert		Brown	DEATH	Decemb		27	19	65
5. SEX	6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9.	AGE (In years last birthday)	Months	YEAR I	F UNDER Hours	Min.
Male	Negro	WIDOWED	DIVORCED .	July 29, 190	00	55 yrs.	WIOIILIS	Days	Hours	1411119
10a. USUAL OC	CUPATION (Give kind of w	ork done 10b. K		11. 8IRTHPLACE (C	County & State,	or foreign country) 12. CIT	TIZEN OUNTRY?	F WHAT	
1 /.	f working life, even if re	(Ired)	NDUSTRY	Md	,			7.5.	-72	
13. FATHER	S NAME		MAG	14. MOTHER'S MAI	DEN NAME			/		
7.5	C Dans	1		11.11.	1/00:	6000	nhol	//		
15 WAS DECE	ASED EVER IN U.S. ARMEI	D FORCES? 1 16	SOCIAL SECURITY NO. 17.	INFORMANT	CTOKIT	Addre	95			
(Yes, no, or un	kown) (If yes give war or da	tes of service)	SOCIAL SECONTITIO. 17.	D: 7 P		/			7	
No			- 100	all of CAM	prell	JAme	A5	d	D	
,	SE OF DEATH [Enter only		ine for (a), (b), and (c)	+1	1144	+.			VAL BET	
PAR	I I. DEATH WAS CAUSED IMMEDIATE CAU	18Y: (a) Can	new of the	Inque.	Metasto	che				
1-14,	10	OUE TO	Bi I	- / - /						
Condition	s, If any, which	(b)	and !	luminal						
	e to immediate	DUE TO								
	a), stating the (L g cause last.									
		(c)	JTING TO DEATH SUT NOT REL	ATED TO THE TERMINAL	DISFASE COND	ITION GIVEN IN	PART 1(a)	119.	WAS AU	TOPSY
*	THE COUNTY OF THE COND	TITONO GONTHIDA	THE TOP LAND OF MOTIVE LE	TIED TO THE TEXABLE	510210200115		. ,		PERFOR	MED?
2								YES	'	NO X
PART II. 0 20a. ACC OR CONTI	IDENT WAS UNDERLYING RIBUTING □ CAUSE OF I R, NOTIFY MEDICAL EX	DEATH 20b. I	DESCRIBE HOW INJURY OCCU	URRED. (Enter nature o	of Injury In Par	t I or Part II o	it item 18.)			
	R, NOTIFY MEDICAL EXA	AMINER)								
	IE OF INJURY Month, D	ay, Year 20d. I	NJURY OCCURRED 200. PLA	ACE OF INJURY (Home, fory, street, office bidg.,	arm, 20f. (0	City or town)	(Cour	ity)	(S	State)
E HO	ır a.m. p.m.	19 While at worl	MOT WITHE	ny, street, omtooblug.,	C.(0.)					
			ed the deceased from De	c. 22	1065 to	Dec. 27	1965	the	at (1) (v	test (av
	he deceased alive on_									
22a, S16		Dec. Zi	15_U.J., aliq tila	L death occurred at		III LIIE GAUSES	22b. DA			above.
120,000	- Losi	737	100	ATTENDING	MED. PM	STAFF				C E
22c PH	YSICIAN'S	11100	M.I	D. PHYS	DIRECTOR L	PHYS. *X	Dec.	20	, 19	03
	ME /Tuno	is Mendel	д м		Ave. B	ellemea	d. Mar	vla	nd	
1										-44
REMOVA	CREMATION, 23b. DA	TE THEREOF	23c. NAME OF CEMETER	11 22.	16.1.	CATION (CITY, to	own or coul	nty)	OZZ	ate)
	12	21-65	Hory far	nely cem	1000	oung	re,		In	c
24. FUNERA	L DIRECTOR /	+ 0	ADDRESS	1/1 / 100 100	C'D BY REGIS	0.001	EGISTRAR'S	0	TURE	
Elens	4171100 Kenes	stin 2 Son	1-4925 Neum	are HE DEC	3 0 19	65 1	careley	Jus	age.	

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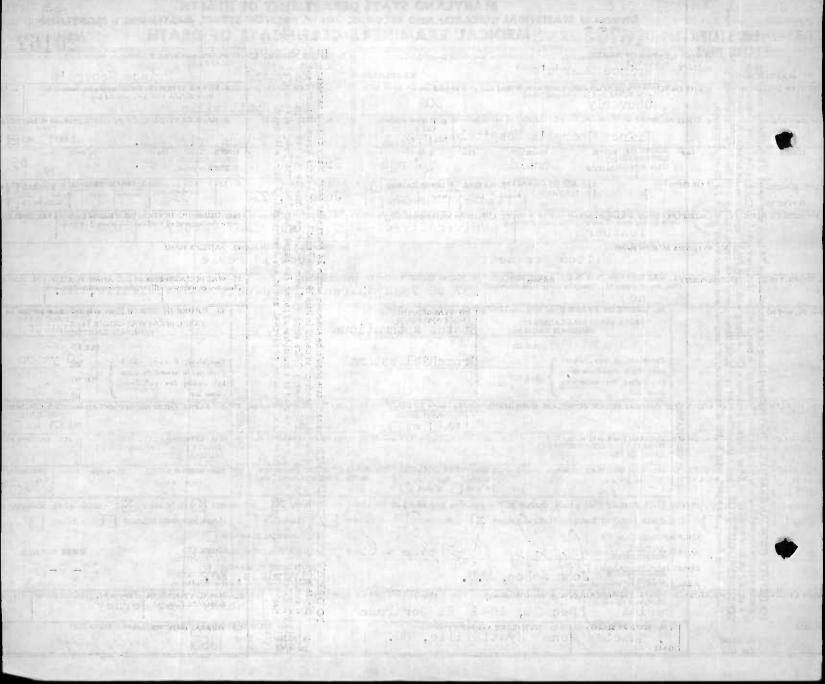
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IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

VR A1SME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1-2						0.0123	126.				
1	Prince George's MARYLAND	2. USUAL RESIDENCE a. STATE Marylar		b. COUN			admission				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly Cheverly	West Hy	outside eorpora vattsvil		a RURAL and s	give neerest to	own)				
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Prince George's Hospital	d. STREET ADDRESS	Name Dw	A	+ 21	10	RESIDENCE A FARM? NO				
3	NAME OF First Middle DECEASED Donald James	Last Brownett	llane Dr	Montl De		Day Ye	65				
-		June 18, 193	9.	AGE (In years ast highday) yrs.	Months De		ER 24 HRS.				
	De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY University of Md				U S	A A	COUNTRY				
1	Milton Brownett	Cecelia									
	4 4 1 214	nformant aron F. Brow	vnett W	Address Hyatt		, Md.					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status & sthmatic	cus				INTERVAL B ONSET AND MINUT	DEATH				
	Conditions, if eny, which gave rise to Immediate cause (a), steling the underlying DUE TO DUE TO	A				20 y	ears				
CEBTIEIC A TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED.				VEN IN PART 1		AUTOPSY ORMED? NO				
MEDICAL CEB		CE OF INJURY (Home, farm ory, straet, office bldg., atc.		r town)	[County	7)	(State)				
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER										
	ACTUAL SIGNATURE EXAMINER'S John Kehoe, M.D.	M.D. ASSISTANT MEDI DEPUTY MEDICAL Riverda Address (Street, c	EXAMINER TO			DATE SI 12-22-					
2	Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR Burial Dec 24, 1965 St Gertrude	CREMATORY	22d. LOCATIO Rahway	N (City, town	, or county) Jersey		ate)				
2	3. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville, Md.	DE C	2 7 196	0.000		VATURE JUDGE					



FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pager 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

20168

			30100
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE		nstitution: Residence before edmission)
Prince George's MARYLAND	Maryland	b. COUNT	e George's
b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 1b			RURAL end give nearest town)
write RURAL end give nearest town)	V -		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		
	d. SIREET ADDRESS		IS RESIDENCE ON A FARM?
Prince George General Hospital	Trump Hill Ro	oad	YES NO
3. NAME OF First Middle DECEASED	Last 4.	DATE Month	Day Year
(Type or print) Joseph Francis Bryan		DEATH 12	27 19 65
	, DATE OF BIRTH	9. AGE (In years	~
	70 7 7074		Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUST	12 Jan. 1918	1 47 yrs.	1 12 CITIZEN OF WILLY COUNTRY
done during most in working life, even if refired)	Md.	oreign ecunity)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME	
John F/ Bryant	Alice Lew	is	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yas, no, or unkown) (Ifyesgivewarordetesofservice)	race A. Brya	ht Hunt	-Sister
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]			
BART I DEATH WAS CALISED BY			ONSET AND DEATH
IMMEDIATE CAUSE (e) Depressed fracture	of skull		
DUE TO			
Conditions, if eny, which (b)	The state of the s		
geve rise to Immediate cause (e), steting the underlying DUE TO			
cause lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	
ATIA TITLE TO THE			YES NO 10
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED	(Enter neture of injury in Part I	or Part II of item 18.)	I IES NO KI
PRIMARY To or CONTRIBUTING CAUSE OF DEATH			
Passenger in car whi			
O Hour e.m. While Not While O fee	CE OF INJURY (Home, farm, cory, street, office bldg., etc.)		Md .
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	wood Road, Fore	estville, Pri	nce George Co
21. I certify that I took charge of the remains described above, he			
death resulted from: Natural gauses . Accident . Suid	ide , Homicide	, Undetermined ma	nner 🗍
1 1 1 1	CHIEF MEDICAL EXA		L
ACTUAL ACTUAL	ASSISTANT MEDICAL		DATE SIGNED
SIGNATURE	M.D.		DATE SIGNED
examiner's John Kehoe, M.D. Riverdale,	DEPUTY MEDICAL EXA	<u> </u>	12-28-65
220 BURIAL CREMATION, /225, DATE THEREOF 220, NAME OF CEMETERY O		town, or county)	
REMOVAL (Specify) Wec. 31, 1965 Harmon	y Mem. Herk &	carland to	Park Md.
23. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	OF GR. TE JAN 3	Y REGISTRAR 246./ REGIS	tran's sygnature
A LINE CONTRACTOR OF THE PARTY	J. J. DAIL	.004	11.0

The column of the City below to Committee of the contract of the contract of with the second profession of the a part of protection of the state of the sta

TO FUNRAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

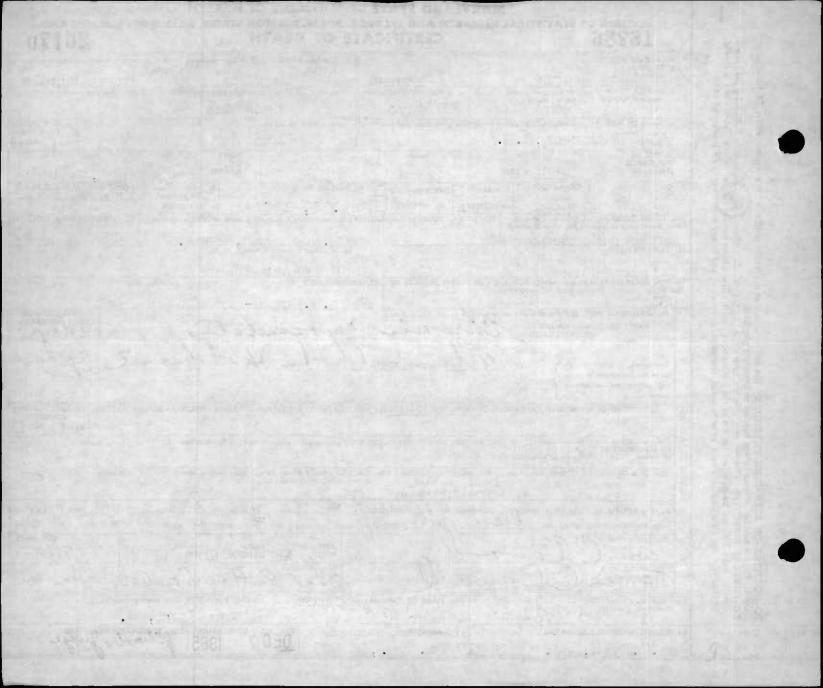
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16785 CERTIFICAT	E OF DEATH 20169
PLACE OF DEATH a. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Maryland Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 11 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince George General	6221 Kenilworth Avenue YES NO X
3. NAME DF First Middle DECEASED (Type or print) Alfred J.	Bullard DATE Month Day Year Bullard DEATH Dec. 4 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. May 12 79 86 yrs. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Months Days Months Months
Male White Whowel White Whowel Whome Who	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Kansas U.S.A.
Andrew Bullard	Anna H. Jessup
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes nive war or dates of service)	INFDRMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 2 14 52 6509	Marion P. Baillie Same as #2 (daughter)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sis of the lower extremities
Conditions, If any, which	cialth land extention
cause (a), stating the DUE TO	13 at the lawer CXI remines
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 while at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	Nov 23 , 1965 , to Dec. 4 , 1965 , that (I) (we) last the death occurred at 9.36 M, from the causes and on the date stated above.
22a. SIGNATURE No. 1	ATTENDING MED. P.m. 22b. DATE SIGNED
22c. Physician's NAME (Type) Dr. Aaron Deitz	22d. ADDRESS Hyattsville, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 12/6/65 Hawkins Fun	
24. FUNERAL DIRECTOR ADDRESS Francis Gasch's Sons Hyattsville, Md.	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 1965

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Map my 1 1 23 Total II 1 Some of the south of the southo String Tare Ton-(and a second of the second o The second of th Hoteley Come Toward Come Constant Forms Comments that a And the state of t

-20	DIVISION OF STA		RYLAND STATE EARCH AND RECO CERTIFIC					ORE 1, MA	RYLAN	71
1.	PLACE OF DEATH				ESIDENCE (Wha	are decease			dence befora	admi
	Prince Geor	ge	MARYLAN	a. STATE	Marvlar	nd	b. COUN	Δ.	Aruno	d1
	b. CITY OR TOWN (if outside co write RURAL and give neere	rporate limits,	c. LENGTH OF STAY IN	1b c. CITY OF	TOWN (If outside		limits, write			
	Hillside		10 days		Edgewat	ter	- (02 X 8	2	
1	d. NAME OF HOSPITAL OR INS		ospital, give street address)	d. STREET					e. IS I	RESID
-	5308 0 Stree	First			Rural	-	- 11		YES	
3.	DECEASED		Middla	Last	4. DA		Month		Ye	-
5	TAA	LLIAM	JAMES	BURKI		1	Decem	F UNDER 1 YE	AR IF UNDE	_
1	U. COLO		ED NEVER MARRIED	B. DATE OF BIRT	= 44=		birthdey)	Months Dey		1
10	Male Whi	te WIDOW	ED DIVORCED KIND OF BUSINESS OR IND	Aug. 15	1881	81	yrs.	112 CITI75	OF WHAT	CC
d	one during most of working life, e	ven if retired)	KIND OF BOSINESS OK IND							-
12	Retired Carps	nter		St. Nic	Cholas, I	enna	1.	USA	1	
				14. MOTHER'S	MAIDEN NAME					
15	Patrick Burke)	COCIAL SECURITY NO. 1	Brid	gett She	eehar				
(Y	WAS DECEASED EVER IN U.S. Ass, no, or unknown) (Ifyesgivewe	rordetes of service)	. SOCIAL SECURITY NO.	7. INFORMANT			Address			
-	No l			Thos.W.I	Burke-#1	ld ab	ove			
	1B. CAUSE OF DEATH [Ent PART I. DEATH WAS CA		line for (e), (b), end (c).]	n	0	,1-,			ONSET AND	ETV
	IMMEDIATE	CAUSE (e)	ing him	Myor	andi	an	,		Lac	7
	4200	DUE TO	7	0/1	.)/-	+ 1	1		5406	1
	Conditions, if any, which	(b) (d)	Menne	every	u Hea	n a	Cale	ne	Jea	- <
1	(a), steting the underlying	DUE TO								
	ceuse lest,	(c)								
CERTIFICATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO 1	HE TERMINAL DISE	ASE CON	DITION GIV	EN IN PART 1(e	19. WAS PERF	A
S									YES 🗌	1
RTIF	20a. ACCIDENT WAS UNDERLI OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING DEATH 206. DI	ESCRIBE HOW INJURY OCC	URRED. (Enter neture	of injury in Part I or	Pert II of i	item 1B.)			
MEDICAL	20c. TIME OF INJURY Mon	th, Dey, Yeer 20d Whi	fNJURY OCCURRED 20e	PLACE OF INJURY (fectory, straet, office	Home, ferm, 20f. bldg., etc.)	(City or to	own)	(County		(
MEL	p.m.	19 at we		0		- 0	1			
	21. I certify that (I) (t	his hospital) atte	nded the deceased fr	om Hour d		to.	lee :	3 , 196	, that (I)	(
	saw, the deceased alive	on see	19.63, and	hat death occurr	ed at & M, I	from the	causes a	nd on the	date stated	ł
1	22e. SIGNATURE	~		ATTENDIN	G MED.	5.	TAFF			W.
X	ames (. (awo	-0/	M.D. PHYS.	DIRECTO		HYS.	4	12/2	2
X	22c PHYSICIAN'S NAME (Type)	0		22d. ADD	× () []		Cr	1.1.	11/	
1	OATMES C	- CAW	0000	131	o. Sa H	4 C .c) F.	Ushir	1 STAR	
23	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	i ha			vn or county)	((51
	Burial 12	2/6/65	Cedar Hi	11			land,		11-11-	
24	FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS		250 REC'D BY R	EGISTRAR	25b 059	SISTRAR'S SIG	NATURE	9
J	as.T.Ryan,Inc	3	17 Pa.Ave.	SE DC3	DECT.	1965	1	arres !		



FOR STATE HEALTH DEP

please execute the certificate, writing the word "pending" in pendil in Item 8. Give pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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> VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20171

		16	111 11 11 11 11 11 11 11										
	1. PLACE OF DEATH o. COUNTY			CE (Where decaased lived, If		Idenca before admission)							
-1		YLAND	a. STATE District o	f Columbia	ATY	V							
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)			If oulside corporate limits, writ	e RURAL and gi	Iva nearest town)							
- 1	Cheverly 30 min.	Washingto	n 47	V 3									
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	d. STREET ADDRESS	11 //	4	I a. IS RESIDENCE								
2						ON A FARM?							
	Prince George General Hospital		4117 Minn.			YES NO X							
-1	3. NAME OF First Middle DECEASED	Last	4. DATE Mont	h D	Day Year								
	(Type or print) Robert Daniel	DEATH 12	7	4. 19 65									
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	IF UNDER 1 YE											
1			0 70 7000	last birthday)	Months Day	ys Hours Min.							
-	Male Negro WIDOWED DIVORC		3-17-1882	83 yrs.		N OF WHAT COUNTRY?							
Н	dona during most of working life, avan if refired)	JK IINDUSTK	II. DIKITE LACE (SIGIA	or totalin somitivi									
			Mary]			U.S.A.							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME									
4													
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY I	NO. 17. I	NFORMANT	Addres									
1	(Yas, no, or unkown) (Ifyasgivewarordatesofservica)	7											
	1 18. CAUSE OF DEATH [Enter only one cause per line for ia), (b), and	(-) 1				INTERVAL BETWEEN							
-	DARTI DESTINAS CALIERD DV					ONSET AND DEATH							
	IMMEDIATE CAUSE (a) Heart failure												
	4200 DUE TO												
1	Conditions, if any, which \ (b) Arteriosclerotic heart disease unknown												
	geve rise to immediate ceuse												
П	(a), stating the underlying DUE TO				- 54								
	eause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY												
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA OF CONTRIBUTING TO	TH BUT NO	I KELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	ZEN IN PART 1(a	PERFORMED?							
5						YES NO NO							
	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY O	OCCURRED.	(Enter nature of Injury in P	ert I or Part II of item 18.)									
1	CAUSE OF DEATH.	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.											
-	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Homa, ferm	, 20f. (City or town)	(County)	(State)							
1	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work at work		ory, straet, office bldg., etc.			,							
٦	21. I certify that I took charge of the remains described a	bove, he	ld an Autopsy,	Inspection X, Inqui	ry x a	and in my opinion							
н	death resulted from: Natural causes XX Accident	. Suici	de, Homicide	, Undetermined n	nanner								
-	$\Lambda V T \times 17$		CHIEF MEDICAL I	EXAMINER									
	ACTUAL / 1/2	w	ASSISTANT MEDI	ICAL EXAMINER		DATE SIGNED							
	SIGNATURE		M.D.										
3	examiner's John Kehoe, M.D. Riverdal	le. Md	DEPUTY MEDICAL		12-	15-65							
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE			city, town, or county) 22d. LOCATION (City, town		/ (Stete)							
	REMOVAL (Spacify)	DIAM	NI	1/1/1/12/1	1011	d							
	DUKINA TIAN	14 6	11 4	17/+17/	/ / / Y								
-	23. FUNERAL DIRECTOR ADDRESS	11	24a. REC	101	BISTRAR'S SIGN	CATURE							
Q	UNILERSAI 8110-	17 3	JUNE DEG 2	0 1965 / fall	arling for	edge.							
7					U								

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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VR A15ME 5M 1/63

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON 16788 MEDICAL EXAMINER'S CEPTIFICATE MARYLAND STATE DEPARTMENT OF HEALTH **ALTIMORE 1, MARYLAND**

OH OF STATE	SIICHE KESEMA	CH MILD KECOKDS,	SOI W. PKESION S	INCLI, DALIIMOR
8	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1. PLACE OF DEATH o. COUNTY						2. USUAL RESEDENCE (Where decessed lived, If institution: Residence before edmission)							
		nce George's	•. STATE Maryland		b. coun	e Geo	rge	1 c					
	b. CITY OR TOWN write RURAL	(if outside corporete lim nd give neerest town)		e. LENGTH OF STAY IF		c. CITY OR TOWN (vn)	
	XXXXXX			XXXX		1 Marlowe H	eight	S					
	Magnol	PITAL OR INSTITUTION ia Nursing George Geo	Home	hospital, give street eddress)		d. STREET ADDRESS	Ave	2110			ON	A FARM?	
3.	NAME OF	First		CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Last	4. DAT			Day	Yes	Lefthad .	
	DECEASED					Losi	OF			Day	1 02	r	
	(Type or print)	Lawrence		F.		Carr	DEA:	1	2	21	6 19	65	
5.	SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED] 8	DATE OF BIRTH		9. AGE (In yeers				R 24 HR5.	
	Male	White	WIDO	OWED DIVORCED] ;	22 June 1894		last birthday) 7] yrs.	Months	Deys	Hours	Min.	
10a	ne during most of	ATION (Give kind of wor working life, even if retire	k 10	b. KIND OF BUSINESS OR INC	DUSTR	11. BIRTHPLACE (Stele	or foreign	iountry)	12. CIT	IZEN O	F WHAT	COUNTRY	
	Reti		,	Painter		New Yor	rle						
13.	FATHER'S NAME				-	14. MOTHER'S MAIDEN				-			
		William Ca				Note	a Hay	es					
15.	WAS DECEASED	EVER IN U.S. ARMED FOI (If yes give wer or detes of	CES?	16. SOCIAL SECURITY NO.	17. E	NFORMANT		Address					
1,,,	.,,,	(,,			Le	onard R. Car	r- S	ame as It	tem #2				
-	18. CAUSE OF	DEATH Enter only one	cause	per line for (a), (b), end (c).]				dia dia	00m // L		ERVAL BE	TWEEN	
		ATH WAS CAUSED BY.									SET AND		
	1 42 42 1	IMMEDIATE CAUSE (+)	Met	astatic carcir	oma	3				_ 07	ver i	yr.	
	1171	DUE TO											
	Conditions, if eny, which \ (b) Carcinoma of prostrate gland									70	ver 1	vr.	
	geve rise to imme	diate ceuse		*							0,012		
	(e), steting the cause lest.	underlying											
7		JER SIGNIFICANT COND		CONTRIBUTING TO DEATH BU	IT NO	T DELATED TO THE TERMIN	MAI DISEAS	E CONDITION CIV	ENLINE DADT	21-31-9	0 11/46	LIZOREV	
CERTIFICATION	TAKI II. OII	ER SIGNIFICARI CONDI	nons :	CONTRIBUTION TO SEATING	31 140	TREEATED TO THE TERMIN	ANE DISENS	IL CONDITION GIV	EN IN PARI		PERFC	RMED?	
CERTIFI	20a. EXTERNAL PRIMARY ☐ or C CAUSE OF DEAT	ONTRIBUTING [20b. DI	ESCRIBE HOW INJURY OCCU	RRED.	(Enter neture of injury in F	Pert I or Pert	II of item 18.)					
3	20c. TIME OF IN	JURY Month, Day, Ye	er 2	Od. INJURY OCCURRED 20e		CE OF INJURY (Home, ferm		City or town)	(Cou	nty)		(Stete)	
MEDICAL	Hour e.m			While Not While work et work	fecto	ory, street, office bldg., etc.	.)						
	21. I certify	that I took charge	of the	remains described above	e, he	d an Autopsy .	Inspectio	n 🔀 , Inquir	y K	and	in my o	pinion	
	death resulted	from: Natural	uses	Accident .	Suici	de 🗍, Homicide	T. (Indetermined m	anner [1			
		1 //				CHIEF MEDICAL I				,			
	ACTUAL	11 /	/	1.1.									
	SIGNATURE_	Jun	1/	In the		M.D. ASSISTANT MED	ICAL EXAM	INER		D	ATE SEC	NED	
	EXAMENER'S	John Kehoe,	M	D. Riverdale,	Mo	DEPUTY MEDICAL Address (Street, o		_		12_2	27-65		
220	BURIAL, CREMAT	ION, 226. DATE THERE		22c. NAME OF CEMETER				ATION (City, town,	or county)		(5ta)	le)	
	Burial	/ Dec. 29-	1965	Mt. Olivet	Ce	metery	2.7						
23	FUNERAL DIRECT	OR//32	0.	ADDRESS		174E PEC	D BY REGIS	TRAR 24b. REGI	STRAR'S SI	GNATU	JRE	- 2	
S	immons Br	os. 1661-Goo	d Ho	ope RD SE Was	h I		28 1	965 gcl	arles	Jus	dge		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPTA PLACE DF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Maryland b. CDUNTY Prince George's Prince George's MARYLAND lay is necessary, is to the funeral Page 5 may be Department after death. b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH DF STAY IN 1b Oxon Hill Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours 7506 Oxon Hill Road YES NO X Prince George General Hospital any dela 2, and PM3. NAME DE DATE Month Year Middle DECEASED the 72 DF DEATH (Type or print) 19 65 Castle JR. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. A. EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Days Hours WIDOWED DIVDRCED ! 22 March 1915 50 White event 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? pages 1 in any FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. Address permit. F W.W.TI INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or minutes IMMEDIATE CAUSE (a). Aspiration of vomitis DUE TO Conditions, if any, which (b)From coronary artery occlusion gave rise to immediate DUE TO From Arteriosclerotic heart disease unknown cause (a), stating the ca underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? CERTIFICATI YES X NO T 3 should be agent, prior 1 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While designated at work at work 21. I certify that I topk charge of the remains described above, held an Autopsy |x|. Inspection x Inquiry X. and in my ppinion FUNERAL DIRECTOR: Health or its design Undetermined manner Natural causes Homicide death resulted from: /Accident Suicide r. Page 4 s d for your 1 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 12-6-65 please ex director. retained f EXAMINER'S John / Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town/or county) (State) To 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 1965 VR A15ME 350D 4-64

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. and 2 PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY Pages 1 urs after Prince George's the Howard MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) þ write RURAL and give nearest town) oon papers. Pag within 72 hours 3 hr. 16 min. Elkridge Cheverly = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE ON A FARM? Prince George's General Hospital 1711 Montgomery Road YES NO letely carbon 3. NAME OF Day Middle Last DATE Month Year DECEASED Twin event, Baby Chase 24 comple (Type or print) Boy DEATH December 19 65 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. remove 7. MARRIED NEVER MARRIED Hours White Male December 24, 1965 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician ase r COUNTRY? certificate be Prince George's, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ohy ermit. Then p n, or removal Ruth Silva William Marilyn Oliver Chase 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 17. INFORMANT 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). law requires that the electari been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to Immediate has been e as the l cause (a), stating the DUE TO underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? The certificate YES DE NO T 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) DIRECTOR: After this certing 3 should be detached if led with the State Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work OR ATTENDIN be retained t 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 69 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. page ATTENDING PHYS. DIRECTOR _ 12/24/65 4 may FUNERAL ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) 6821 Riverdale Rd. Riverdale, Md. M.D. ahdavi. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION 2 cremation Prince Geo. Gen. Hosp. 1/8/66 Cheverly, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL STRUCTOR VR A15 (4)

Assistant

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH. 20586
1. PLACE OF DEATH 1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before aginissic
a. COUNTY b. COUNTY
Prince George's MARYLAND Maryland Howard b. CITY OR TOWN (If outside corporate limits, I c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
write RURAL and give nearest town)
Cheverly 10 hr. 40 min Elkridge /3 - d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE.
ON A FARM?
Prince George's General Hospital 1711 Montgomery Road YES NOL
DECEASED OF Chase DEATH December 24 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24H
Male White WIDOWED DIVORCED December 24, 1965 yrs. Hours Mile 10 40
10a. USUAL OCCUPATION (GIVe kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY COUNTRY? COUNTRY? USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
William Oliver Chase Marilyn Ruth Silva
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(1 ses fine) or unknown) (11 yes give war or dates of service)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1/1 () ONSET AND DEATH
7625 DUE TO HIllecturin (Bilateral)
Conditions, If any, which \ (b)
gave rise to immediate cause (a), stating the DUE TO
underlying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
YES NO [
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 Action of the property
21. I certify that (I) (this hospital) attended the deceased from 19 19 to
saw the deceased alive on May 2 4 / 19 65, and that death occurred at6:40 M, from the causes and on the date stated above
22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 20 404 465
M.D. PHYS. DIRECTOR PHYS. &1 12/24/65
22c. PHYSICIAN'S NAME (Type) Iradj Mahdavi, M.D. 22d. ADDRESS 6821 Riverdale Rd. Riverdale, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Cremation 1/8/66 Prince Geo. Gen. Hosp. Cheverly. Maryland 24. FUNE A OIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
DATAN 12 1966 flewiles Judge
William A. Farker, ASSIST. Administrator

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	AND THE REAL PROPERTY.		SITTED A. Torker, "Auster

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is decessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TLAND MARYLAND STATE DEPARTMENT OF HEALTH

	Division of	STATISTICAL RESEA	RCH AND RECORD	S. 301 W. PRESTON	STREET, BALTIMORE 1	. MARY
-	6792			CERTIFICATE		21

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. CDUNTY
Prince George's MARYLAND	Maryland Prince George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town)
Cheverly DOA	d. STREET ADDRESS 0. IS RESIDENCE
d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?
Prince George General Hospital	4003 Bunker Hill Road YES ND
3. NAME OF First Middle DECEASED (Type or print) Parmond August in a	Last 4. DATE Month Day Year OF DEATH 12 8 1965
	Chism DEATH 12 8 19 65 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MARKIED A NEVER MARKIED	last birthdey) Months Days Hours Min.
Male White WIDOWED DIVORCED 3	30 Jan. 1898 67 yrs.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR during most of working life even if retreat	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Retired Tron Co.	Washington D. C. US A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Johnson Chism	Clara ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT Address
Yes (If yes give war or dates of service) 579 -14-62154 L	ena Chism Same as #2 (wife)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Right coronary arte	ery occlusion minutes
4-201 DUE TO	
Conditions, If any, which) (b) Arteriosclerotic he	eart disease over 6 months
gave rise to immediate (
underlying course lead	
underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
FART II. OTHER STRINT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELAT	PERFORMED?
I S S S S S S S S S S S S S S S S S S S	YES X ND
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF COURT OF CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUR. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED AND Factor of Cause of	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	y, street, office bidg., etc.)
21. I certify that I took charge of the remains described above, held	d an Autopsy \overline{x} , Inspection \overline{x} , Inquiry \overline{x} , and in my opinion
death resulted from: Natural causes , Accident , Suic	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL / O /	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER
NAME (Type) John Kehoe, M.D. Riverdale, Mc	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	DR CREMATORY 23d. LDCATIDN (City, town or county) (State)
Burral (Specify) 12/13/65 Arlington Na	ational Arlington, Va.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, Md.	. LEC 16 1965 Jachanles Juage
Trancis dascii s bons Tryattsville, Md.	· IDME - TO TOOO /

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emoye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the prior, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	a. CDUNTY	rH PRINCE	GEORG	E'S	M	ARYLAND	2. USUAL RESIDENCE a. STATE VTRGINI		b. COUNTY	tion: Residen	_	mIssión)
A	b. CITY DR TDV Write RURAL NDREWS	NN (If outside of and give near AIR FO	corporate Ilmi rest town) RCE BA	ts, c	LENGTH OF S	YS	c. CITY OR TOWN (III MCLEAN	outside corp			dve nearest	
		FORCE	TITUTION (IF I HOSPIT		iltal, give stree	et address)	d. STREET ADDRESS	COUTU	ANNOCK A	one	e. IS RESI ON A FA	ND X
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5.	SEX	6. COLOR OR	7.1.111		NEVER MARI			9.	AGE (In years IFU last birthday) Mo	INDER 1 YEA nths Days		MIn.
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du	a. USUAL OCCUPA ring most of worl OFFICER	king life, even i	If retired)	IND	D OF BUSINESS USTRY IS AIR		I OWA	ounty & State,		12. CITIZE COUNTI UNITE	3Y3	ATES
	B. FATHER'S NAM		N TUNU		2 VIV	TORCE	14. MOTHER'S MAIL	DEN NAME		ONTIL	DOIL	1110
	JAME	C CHDT	STOPHE	D CH	RISTEN	ICEM	ANNA F.		SEN			
	5. WAS DECEASED	EVER IN U.S. AF	RMED FORCES?	1 16. SO	CIALSECURITY		INFORMANT	DOILLIA	Address			137
1 CY	es, no, or unkown) YES	1940			-09-25	10 S IV	IFE	SA	ME AS IT	FM #2		
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H	The second second second	EATH WAS CAU	JSED BY: CAUSE (a)	m I	ignant	_	lanoma			101	SET AND D	EATH
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	gave rise to	Immediate ((b)									
	cause (a), s underlying cau		(c)									
NO				NTRIBUTI	NG TO DEATH B	UTNOTRELA	TEO TO THE TERMINAL	DISEASECON	DITION GIVEN IN PAR	T1(a) 19	. WAS AU	TDPSY
CAT												NO T
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLY TING CAUSE OTIFY MEDICAL	OF DEATH EXAMINER)	20b. DES	CRIBE HOW II	NJURY OCCUI	RRED. (Enter nature o	f Injury In Pa	rt I or Part II of Ite	1	, LE	Learned .
MEDICAL	20c. TIME OF Hour a.			20d. INJU	Not While at work		E OF INJURY (Home, fa y, street, office bldg., e		City or town)	(County)	(\$	State)
-	-	ify that (I) (th	is hospital)	attended	the decease	d_from_12	Dec 1	9.65, to_	23 Vec.	19.63	that (I) (w	re) last
Is		eceased alive		Dec	19 65	, and that	death occurred a		om the causes and	i on the da	ete stated	
	22a. SIGNATU	IRE OC	0				ATTENDING DATE	MED.	STAFF -	2b. DATES	IGNED	
	- BUVOIO	KU	uss	a	•	M.D.		DIRECTOR	PHYS.	3 14	2 63	
	22c. PHYSICI NAME (T	Tyna) _	ALD D	PEAR	CF		USAF HOS	P AN	DREWS AI	R FOR	CE B	ASE
23	a. BURIAL CREI					FCEMETERY	OR CREMATORY		CAPION (City, town			ate)
23	REMOVAL (Sp	pecify)			A NAME OF	CEWIETERT	IN CREWIATOR !	200. 10	on toll (city, town	4/	* (30)	
2	4. FUNERAL DIR		-27-0	0 3 1	ADDRESS	gler :	25a. RE	C'D BY REGIS	STRAR 25b REGIS	STRAR'S ATT	NATURE	2
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, arther the event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE 1, MARYLAND

JAL	KESEAKUH	AND	REGU	יגעאי,	301 W.	PKESTUN	SIKEEI,	D
	C	ERT	IFIC	ATE	OF	DEATH		

11	DIVISION OF ST	ATISTICAL RESEA	ARCH AND RECOR		. —	ALTIMORE 1	I, MARYLAND
a. CC	E DF DEATH DUNTY Prin TY OR TOWN (If outsid rite RURAL and give no	ce Georges e corporate limits, earest town)	MARYLAN c. Length of Stay in	a. STATE M c. CITY OR TOV	ary land VN (H outside corporate	b. COUNTY	n: Residence before admission) vince Georges RAL and give nearest town)
		NSTITUTION (if not in ho	6 days ospital, give street addre	11/	heverly RESS 6417 Landove	er Rd.	e. IS RESIDENCE ON A FARM? YES NO
(Туре	EASED or print)	First Guy	Middle M	Last Clark	4. DATE OF DEATH	Month Dec.,	0ay Year 15 12 = 1965
Male	6. COLOR White ALOCCUPATION (Give kin	WIDOWED nd of work done 10b, Ki	IND OF BUSINESS OR	8. DATE OF BIRT	last	birthday) Mont	2. CITIZEN OF WHAT
during m	ost of working life, eve aditor HER'S NAME Omar Cla	n If retired)	VOUSTRY CO	14. MOTHER'S	Maine MAIOEN NAME		GOUNTRY?
15. WAS (Yes, no,	OECEASED EVER IN U.S. or unkown) (If yes give w	ARMEO FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT Hospital 1	records Ch	Address everly,	Md.
	PART I. OEATH WAS C	er only one cause per II AUSED BY: TE CAUSE	Ine for (a), (b), and (c).]	Trymber	sis , aux	0	INTERVAL BETWEEN ONSET AND DEATH
Cond gave caus	ditions, if any, which rise to immediate (a), stating the		ylmone	y em	leolone, as	vene	24 bro
7	erlying cause last, FII. OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBU	UTING TO DEATH BUTNOT	RELATED TO THE TERM	INAL OSEASE CONDITIO	NGIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ACCIDENT WAS UNDER CONTRIBUTING CAUSE EITHER, NOTIFY MEDIC	RLYING 20b. C BE OF DEATH AL EXAMINER)	DESCRIBE HOW INJURY O				
MEDICAL 20c.	Hour a.m. p.m.	19 While at work	Not While at work	PLACE OF INJURY (Ho actory, street, office b	ldg., etc.)	or town)	(County) (State)
S	1. I certify that (I) (aw the deceased alives significant to the signi	100 / 100	ed the deceased from 19 2 and	that death occurred	4 MED. S		9
22c.	PHYSICIAN'S NAME (Type)	EMAN)	Comen	22d. ADORE		51 mi	Rawsen
RE	MOVAL (Specify) Burial D	ec 17, 1965		n Cemeter	y Colma	on (City, town o	Md.
24. FUI	NERAL DIRECTOR	ons Hyat	ADORESS ttsville, Mo	25a	EC 20 1965	125b. REGIST	RAR'S SIGNATURE

chattle - The mail is . Black the recording with a men a the same and the same of The state of the s and the state of t The Court of the C TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and man event, within 72 hours after death.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 6795

	1.	PLACE OF DEATH a. COUNTY Prince	George's	3	MARYLAN		USUAL RESIDEN a. STATE	ICE (Where dece	ased lived, If instituti b. COUNTY	ion: Residen	ice before a	idmission)
		b. CITY OR TOW write RURAL	N (If outside co	orporate limits, st town)	c. LENGTH OF STAY IN		CITY OR TOWN (I	f outside corp	orate limits, write R	URAL and	give neare	st town)
Н		Cheverl	-y		15 days		Washing	ton, D.	C. 471	, 3		
		d. NAME OF HO	SPITAL OR INST	ITUTION (If not in	n hospital, give street addr	ess) d.	STREET AODRESS					SIOENCE FARM?
7			George's	General	Hospital		1814 29	th Stre	et		YES 🗌	
1	3.	NAME OF OECEASED		First	Middle	(2 h	Last	4. OATE	Month	Da		ear
1		(Type or print)		tephen	Charle		Clark	OEATH	December			
H	5.	SEX	6. COLOR OR	RACE 7. MARRI	ED NEVER MARRIEO	3k 8.	DATE OF BIRTH	9.	AGE (In years IFUI last birthday) Mon	NOER 1 YEA hths Days		
И	Ma	ale	White	WIOOW	ED OIVORCEO	D D	ecember 3	, 1965	yrs.	15	, Hours	, 171111.
	10a dur	. USUAL OCCUPAT	ION (Give kind of	f work done 10b	. KINO OF BUSINESS OR INOUSTRY	3	1. BIRTHPLACE (C	County & State,	or foreign country)	12. CITIZE COUNT	N OF WHA	T
	-			-			Prince Ge	orge's.	Maryland	U.S.		
Н	13.	FATHER'S NAM	E			14	. MOTHER'S MAI	OEN NAME				
	Ch	narles C	lark				Carol Ode	en				
		. WAS OEC EASED	EVER IN U.S. ARM	MEO FORCES?	16. SOCIAL SECURITY NO.		ORMANT		Address			-
H	no		(IT yes give war or	dates of service)		Char	les Cla	rk fat	her same	as 2	2.d	
9	-11		DEATH [Enter o	nly one cause pe	er line for (a), (b), and (c).]	Onai	163 014	IN IUC	THE DUME	LIN	TERVAL B	
E		PART I. DEATH WAS CAUSEO BY: Hyaline Membrane Disease									NSET ANO	DEATH
		2000	IMMEDIATE C	AUSE (a)	arrie tiempran		30400					
		Conditions, If any, which \ Prematurity										
		gave rise to immediate									-	
		cause (a), stating the DUE TO								100		
	Z	underlying cause last.) (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									. WAS A	HTODEV
	ATIO	PART II. OTHERS	SIGNIFICANI CUI	NUTTIONSCONTR	IBUTING TU DEATH BUT NUT	KELATEU	TO THE TERMINAL	UISEASE CUNL	IIION GIVEN IN PART	-(4)	PERFO	RMEO?
	FIC										YES X	NO [
	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYI ING CAUSE O TIFY MEDICAL E	NG [] 20b. F OEATH EXAMINER)	OESCRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of Injury in Pa	rt I or Part II of Ite	m 18.)		
	MEDICAL	20c. TIME OF		Day, Year 20d	I. INJURY OCCURRED 20e	. PLACE	OF INJURY (Home, f		City or town)	(County)		(State)
١	ED	Hour a.r		19 Wh	lle Not While at work	tactory, s	treet, office bldg.,	etc.)				
	2				nded the deceased from	1	12/3	10 65 to	12/16	19 65,	that (I)	(we) last
			ceased alive o									
		22a. SIGNATUI		11	and			am		b. DATE S		4 450101
		Ma	x M-	Herz	serp	M.O.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	12/17	/65	
		22c. PHYSICIA NAME (T	une)	M. Herzb	erg		22d. ADDRESS	ig St. S	Seat Pleas	ant, I	Md.	
	23a	. BURIAL, CREM	ATION, 23b.	DATE THEREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LO	CATION (City, town	or county)	(5	State)
		REMOVAL (Spo	ecify)	70 6F	Fort Line		~	0 2	nar Manoi	7.0	d.	
1	24	FUNERAL DIRE	CTOR	-10-03	227000		25a. RE	C'D BY REGIS	TRAR 25b. REGIS			
)		2 se Fune	altome	300 44	" St. N.E. Was	W- 1	DATE	JEC 22	1965 800	warle	1 Jus	ge
		7	and .				DATE				1	7

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Helmes Guerge's, Haryland U.S.A.	
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graneli,	energy and here we are a second at the
24	
Lawre Hair Hall worth	
The District Two Co. To Ford 310V	Processes N. Mercaner
A CONTRACTOR OF THE PARTY OF TH	
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Page 4 may be retained by the nospital of attentions purposed in the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Americal, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RES

	301 W. PRESTON STREET, BALTIMORE 1, N	ARYLAND
CERTIFICATE		30178

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
Prince George's MARYLAND	a. STATE Maryland b. COUNTY Prince George's					
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RURAL and give nearest town)	X Uman Way Ibaya					
Cheverly 2 days d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	1 Upper Marlboro d. STREET ADDRESS e. IS RESIDENCE					
di Maine of thesi tiae on most forton (il not il nospital, give street address)	ON A FARM?					
Prince George's General Hospital	Box 4217 YES □ NO □					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) James H	Coates DEATH December 2 1965					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.					
	April 26, 1927 last birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT					
	COUNTRY?					
Truck driver	Maryland U.S.A.					
13. TATHER S NAME						
John Costes	Grace of mith					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address					
2/6 22 0323 Ex	velyn Coates Upper -riboro, d.					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
DART I PEATH WAS CAHOED BY	ONSET AND DEATH					
7 9 1 4	on (left temporal lobe)					
334X DUE TO						
Conditions, If any, which (b) Cerebral Thrombos gave rise to immediate	sis (left antereor cerebral artery)					
cause (a), stating the DUE TO						
underlying cause last. (c) Cerebral Arterios	clerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY					
I I I I I I I I I I I I I I I I I I I	PERFORMED?					
2Da ACCIDENT WAS UNDERLYING TO 120b. DESCRIBE HOW INTURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)					
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA HYPOTENS ON 2Da. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH OF COUNTRIBUTING TO DEATH BUT NOT RELA HYPOTENS ON COUNTRIBUTING TO DEATH BUT NOT RELA LIVER COUNTRIBUTING TO DEATH BUT NOT RELA HYPOTENS ON COUNTRIBUTING TO DEATH BUT NOT RELA LIVER COUNTRIBUTING TO DEATH COUNTRIBUTING TO DEATH COUNTRIBUTING TO DEATH COUNTRIBUTING TO DE	THE STATE OF THE S					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m. While Not While	ry, street, office bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from No	ov. 30 , 1965, to Dec. 2 , 1965, that (I) (we) last					
	t death occurred at 1:00m, from the causes and on the date stated above.					
22a. SIGNATURE	DM 22b. DATE SIGNED					
Causlina Faredis Manlagas, U.D.m.D	O, PHYS. DIRECTOR PHYS. 12-3-65					
22č. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) Carolina Paredes Maniapaz, MD.	. Prince George's Genl. Hosp. Cheverly, Md					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY . 23d LOCATION (City, town or county) (State)					
REMOVAL (Specify) 12-7-65 St. Mary's	methodist Croome man					
24. FUNERAL DIRECTOR N ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
11d 11/1/20 1/320 1/1/1/1/1/	6					
MAN TO I HUM IT I	DEC 7 1965 Icharles Judge					

WATER				
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9.	C Marino			
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	nation are in the	1.J	1-7-4	
The Control of	BBER TOTAL	A. T. C.	NESS ENGINE	

funeral ard 2 death. hours 24 within completely carbon executed and con attending physic ermit. Then plea certificate the attend been signed the burial-tran use certificate the hospital PHYSICIAN: retained HOSPITAL

eath, filled in by the fu papers. Pages 1 hin 72 hours after within 72 removal, 0 burial-transit pern burial, cremation, the as th for use Health this certached for should be th ++ DIRECTOR: Jage 3 should lied with the page may director, pa

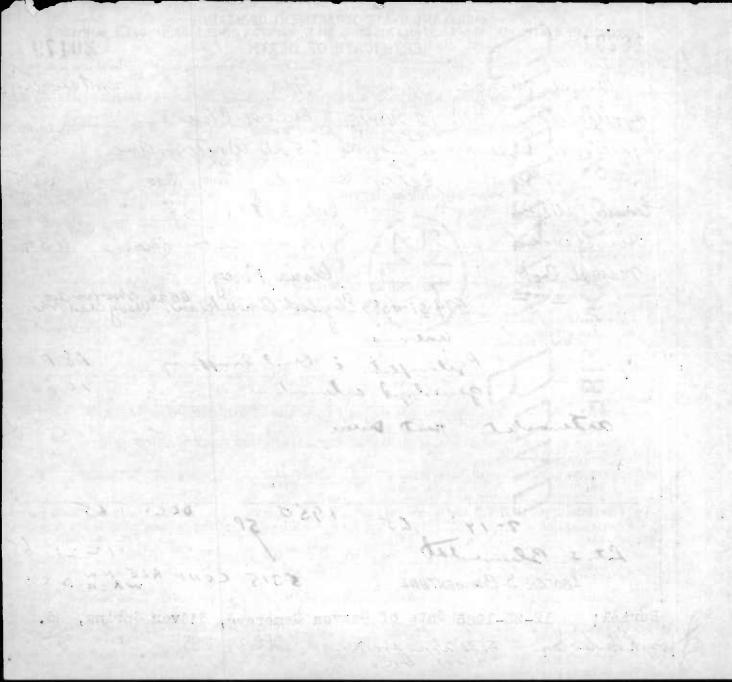
3.

CERTIFICAT

MEDICAL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE MARY! AND b. CITY OR TOWN (if outside corporate limit), write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and leve nearest town) C. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS. e. IS RESIDENCE ON A FARM? NO W YES NAME DE DATE Month Day Year DECEASED DF (Type or print) DEATH 19 6 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? uslivero 13. FATHER'S NAME MOTHER'S MAIDEN NAME manuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 26-2100 65 Chevy W) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to Immediate **DUE TO** cause (a), stating underlying cause last. (c) PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Driene NO YES [20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from 2, and that death occurred at 5 _M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Gate of Silver Spring -1965 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR BY REGISTRAR I 1965 Marces 5/30 Wise. Luc. Hw.

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

16798 CERTIFICATE OF DEATH

-			30100			
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	idence before admission)			
	PRINCE GEORGE MARYLAND	STATE MARYLAND S. COUNTY PRINCE GEORGE				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g				
	FURESTVILLE 10MOS.	Y FORESTYILLE				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
	3405 LORRING DRIVE	3405-LORRING DRIVE	YES NO			
3.	NAME OF First Middle DECEASED	7 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Day Yeer			
	(Type or print) (ATHERINE A	READIL-R DECEMBER	17, 1965			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthday) Months Da				
	FEMALE WHITE WIDOWED DIVORCED	ARRIL 9, 1896 64 yis.				
10d	b. USUAL OCCUPATION (Give kind of work ine during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?			
K	GTIRED - CLERK. U.S. CENSUS BUREAU		1,5,A.			
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	KICHARD JUSEPH CREAMER	ROSE ANNE MEVEIGH				
(Y	es, no, or unkown) (lifyesgive war or dates of service)	NFORMANT Address				
_	No - Ros	MLEEN B. SAN FELLIPO - #2 above				
	18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	11 45.1	INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (a) COLGOSTINE	tihel Tacline	6 mis.			
	4/8X DUE TO Della (4		5000			
	Conditions, if any, which (b)	1645				
	gave rise to immediate cause (a), stating the underlying DUE TO					
	cause last. (c)					
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		a) 19. WAS AUTOPSY PERFORMED?			
CAT	artific of order	donly	YES NO			
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW/INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)				
CAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
MEDICAL	Hour a.m. While Not While factor at work at work	pry, street, office bldg., etc.)				
	21. I certify that (I) (this hospital) attended the deceased from	1950 to 17 Die 1965	that (1) (we) last			
	saw the deceased alive on 15 Dec 1965, and that	death occurred and AM, from the causes and on the	date stated above.			
	228. SIGNATURE		22b. DATE			
	Wanter & Smith	D. PHYS. DIRECTOR PHYS.	SIGNED			
	22c. PHYSICIAN'S WATERTYDE EN B BUIZCH	405 Ast S. E. When	L. 3 D. C.			
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county)	(State)			
	BURIAL 12/20/65 CEDAR HILL	SUITAAND, MD	,			
24	FUNERAL DIRECTOR'S SIGNATURE HAS ADDRESS AS TO RAN THE STATE OF 317 PAR AVE STA	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE			
11	45, T. RYAN, LAW. OF JOHN 317 (A. B) VE S. C	5. Des DEC 20 1965 Fluris	The state of the s			
-						

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10199 CERTIFICATE OF DEATH	20101						
1. PLACE OF DEATH a. COUNTY PRINCE GEORGE'S MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: DISTRICT OF COLUMBOTAY	Residence before admission)						
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RUR.	AL and give nearest town)						
write RURAL and give nearest town) ANDREWS AIR FORCE BASE 1Hr 57Min WASHINGTON							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE						
USAF HOSPITAL ANDREWS 4740 BENNING RD SE	ON A FARM?						
3. NAME OF First Middle CROCHEDSON 4. DATE Month	Oay Year						
OF CROC HERON DEATH DEC	16 1965						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years IFUNDI last birthday) Months	ER 1 YEAR IF UNDER 24 HRS.						
FEMAR NEGRO WIDOWED OIVORCED 16 Dec 965 yrs.	Days Hours Min.						
10a. USUAL OCCUPATION (GIVe) kind of work done 10b. KIND OF BUSINESS OR 11b. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT						
5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	COUNTRY? USA						
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0011						
RONALD CROCHERON JOYCE W SINGLETARY							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
(Yes, no, or unknown) (If yes give war or dates of service)	EM #2						
18. CAUSE OF OEATH [Enter only one cause per lipe for (a), (b), and (c).]	I INTERVAL BETWEEN						
DADY I PERTURMA CALLETO DV	ONSET AND DEATH						
IMMEDIATE CAUSE (a) REMINTURED	- (My) / m						
OUE TO							
Conditions, If any, which gave rise to Immediate (b)							
cause (a), stating the OUE TO							
underlying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY PERFORMEO?						
No. of the second secon	YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)						
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town)	county) (State)						
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (C Hour a.m. While at work Not While at work at work 19							
	Sthat (I) (we) last						
21. I certify that (I) (this hospital) attended the deceased from 16, 19, 5, to 16, 19, saw the deceased alive on 19, and that death occurred a 2, 7, from the causes and on							
22a. SIGNATURE 22b.	OATE SIGNED						
M.O. PHYS. OIRECTOR OF STAFF PHYS.	c. 16 1918						
22c. PHYSICIAN'S	C V V O J						
PHIMETPO STEINER CAPT, USAF, MC USAF HOSP, ANDREWS AFB	, MD						
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	county) (State)						
REMOVAL (Specify)	11.						
BEMOVAL (Specify) Service 12 - 21-65 Orling to Mational Arlenator 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	Vingenia AR'S SIGNATURE						
Burial 12-21-65 arlington Meting arlinator	Vingenia AR'S SIGNATURE						

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 16800 CERTIFICATI	E OF DEATH 20182
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
P	a. STATE Md b. COUNTY rince George
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	V
Hillcrest ngths d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Hillcrest Hgths d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (II NOT III NOSPITAL, give street address)	ON A FARM?
	2345.Kenton Pl YES NO □
3. NAME DF DECEASED FIrst Middle	Last 4. DATE Month Day Year
(Type or print)	Crogcon DEATH / 00. /) 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
M WIDOWED DIVORCED	7.8.1892 73 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Cab Driver Taxi	D C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hammer One amou	Cothonino Choso
Henry Croggon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Catherine Chase INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
	laude E.Croggon 2345. Aenton Pl
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) C. MYO CC	rdino Foilure
1 442X DUE TO	
Conditions, If any, which	Dispado
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Carcinema 4 La	YES NO Z
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	ry, street, office bldg., etc.)
	10
21. I certify that (I) (this hospital) attended the deceased from.	1946, 19 to 12-15, 196), that (I) (we) last
saw the deceased alive on 19 (5), and that	t death occurred at 200M, from the causes and on the date stated above.
1/4 1/2	ATTENDING MED. STAFF / / >
12c, PHYSICIAN'S M.D	DIRECTOR PHYS. 122d. ADDRESS
NAME (Type) (7) = 5	220. ADDRESS
BERNARD KATZEUNI)	CONTRACTOR OF THE CONTRACTOR O
Burial, Cremation, 23b. Date Thereof REMOVAL (Specify) 12.18.65 Glenwood C	
74. FUNERAL DIRECTOR The Funeral Home 300.4th St N E	
Lee Funeral Home 300.4th St N B	BEC 20 1965 Clearles Judge

THE PROPERTY OF STREET The same of the sa is monney the grant at the build of the street whom who a mediantered to Chestone District on the Late of The Late of The state of the s

n and completely filled in by the funeral a carbon papers. Pages 1 and 2 should out, within 72 hours after death. thin 24 hours after TO HOSPITAL AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

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death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by it director, page 3 should be detached for use as the burial-transit permitbe filed with the State Dept. of Health prior to burial, cremation, or ren
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death. Page 4 May be retained by the hospital or attending physician. I O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Yes a director, page 3 should be detached for use as the burial-transit permit. Then please remove director, page 3 should be detached for use as the burial-transit permit. Then please remove to be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events.
15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 20183

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest lown)	1000 OTUS STORET N. 8
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d, STREET ADDRESS HTV 2 O. IS RESIDENCE
0	ON A FARM? YES IN NO IL
CARROLL MANCR 4922 XA SALLE	
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) FRANK BERNARD	CURRAN DEATH /2 22 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED TEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birth y) Months Deys Hours Min.
WIDOWED DIVORCED	3-15-1890 7511.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
High way Engineer Economist	MISSOURI 0,0, 1,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES CURRAD	MARY ACNES BRADY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive were detesofservice)	em 6. Card II ach 105 montros Que Catonivil 6/14
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Me Jan Jake	ONSET AND DEATH
1533 DUE TO	
Conditions, if eny, which \ (b) aleno concurs	vice of Segrecial Colon -
gaya rise to immediate causa	
(a), steting the undarlying DUE TO	
ceuse lest. J (c)	VIAC ALTONOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	YES NO W
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
,	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour a.m. While Not While p.m. 19 While Not While al work	tory, street, office bldg., atc.)
7	12/16 1965, to 12/22, 1965, that (1) (we) last
	death occurred at 9.0 M, from the causes and on the date stated above.
22a. SIGNATURE 1	
Jaha St Trible b	ATTENDING MED. STAFF
22c. PHYSICIAN'S JOHN W WINKLER TR	122d. ADDRESS 5800 10th DL HYATTS VILLE Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	timal toem, Carlington , Vai
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Francis Holling 3821-14 th S. Mi. Wash	1 All De 2 8 1965 followles Judge

THE CALL STREET, STREE WHEN THE POLL CHAIRMAN LINE TO THE LINE OF T BORE SE WILLIAM STEELS AND AND THE PROPERTY OF THE PROPERTY OF

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the furfirst director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION 16802 AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH CERTIFICATE

	OF	DEATH						201	86	
2.	USU	AL RESIDENCE	(Where	deceased	lived,	If	Institution	Residence	before	admis
	a. S	TATE			b.	CC	UNTY			

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If Institut b. COUNTY	ion: Residence before admission)
	Prince George's	MARYLAND	Marylan		ce George's
	b. CITY OR TOWN (If outside corpora write RURAL and give nearest toy	ate limits, c. LENGTH OF STAY IN 1		outside corporate limits, write R	
	Cheverly	11 days	Hyattsv	rille	
		ON (If not in hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE
	Prince George's Ge	nenal Hospital	5007 Ma	with most Daire	ON A FARM?
3.		First Middle	Last	ryhurst Drive 4. OATE Month	Day Year
	DECEASED	velyn K.	Damuth	OF DEATH December	17 19 65
5.		7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years IFU	NDER 1 YEAR IF UNDER 24 HRS.
		WIDOWEO XX DIVORCED	October 17	last birthday) Mor	
lOa	Female White a. USUAL OCCUPATION (Give kind of work		October 77,		12. CITIZEN OF WHAT
lur	ring most of working life, even if retire	ed) INOUSTRY	Marula		GOUNTRY?
13	Housewile.		14. MOTHER'S MAIOE		U. J. /10
	? Brittingham		unkno		
15	5. WAS OECEASEO EVER IN U.S. ARMEO FO	ORCES? 16. SOCIAL SECURITY NO. 17			H
(Ye	es, no, or unkown) (If yes give war or dates of	ORCES? 16. SOCIAL SECURITY NO. 17	A // A	Address ; th 5807 Maryhur	nyacisvicie
	no	none	Donald Damus	n 2007 marynur	st Drive
		ne cause per line for (a), (b), and (c).]			ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Myocardio	el infar	noita'	11 days
	4201 DUE	TO			Sevenas
	Conditions, if any, which	(b) ASCYD		years	
	gave rise to immediate cause (a), stating the DUE	E TO			
	underlying cause last.	(c)	M 150		
2	PARTII. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY PERFORMED?
S	NONE				YES NO V
Ė		20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Injury in Part I or Part II of Ite	em 18.)
2	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEA (IF EITHER, NOTIFY MEDICAL EXAMI	INER)			
AL	20c. TIME OF INJURY Month, Day,	Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, far	rm, 20f. (City or town)	(County) (State)
2	Hour a.m.	While I Not while I	tory, street, office bldg., et	.c.)	
2	p.m. 19		12-6 19	454 17 -17	10 / 5 That //\ (wa) loot
		spital) attended the deceased from_		:35%, from the causes and	19 65, that (I) (we) last
	saw the deceased alive on 22a. SIGNATURE	1 2 (L 19 0 1 , and tr	at death occurred all z		DATE SIGNEO
	(OQ1	Outliste.		AFR STAFF	ec. 17, 1965
	22c. PHYSICIAN'S	<u> </u>	22d. AOORESS		
		ingus Devore, M.D.		ton St. W. Hyatt	sville. Md.
23a	a. BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF CEMETE		23d, LOCATION (City, town	
	REMOVAL (Specify)			0 1	4. 4

Burial 12/20/65 Parkwood Cemetery
FUNERAL DIRECTOR
John A. Moran, Inc. 3000 E. Balto. St. Balto.

REC'D BY REGISTRAR | 25b. RI

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FOR STATE HEALTH DEPT

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P.M.3. Page with the State Department of within 72 hours ofter death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to any delay is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 haurs ofter death. If **u runeral vinection:** rage s should be used as a burial-transit permit. File pager Health or its designated agent, prior to buriol, cremation, or removal, and in an TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		10809	5	MEDIC	AL EXAMIN	VER'S	CERTIFICATE C	F DEATH		2018	35
		PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived, it	institution: Reside		
	Prince G eorge					YLAND					
		 b. CITY OR TOWN (write RURAL one 	f outside corporate limit give nearest town) ttsville	s,	. LENGTH OF STAY I	IN 1b	X	utside corporote limits, v vattsvill		ve neorest town	1)
W	_		a previewed the	ot in pospital give	Bapta La		d. STREET ADDRESS	.,7		e. IS R	ESIDENCE A FARM?
X			milton St				5622 31s	t.Ave.		YES [NO 🔀
1		NAME OF DECEASED (Type or print)	Mabel	irst	Middle B •		Davey	4. DATE OF DEATH DOO	Month	19 ^{Doy}	Year 19 65
	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	B. DATE OF BIRTH	9. AGE (In	yeors IF UNDER		IDER 24 HRS.
		Pemale	White	WIDOWED 2	-			L883 82		Doys Hou	
	10o.	. USUAL OCCUPATION ing most of working BLOS CL	(Give kind of work done life, even if retired)	INDUS	OF BUSINESS OR STRY		11. BIRTHPLACE (Stote			ITIZEN OF WHA DUNTRY?	T
	_	FATHER'S NAME	e t.w	Bake	ry		Englane 14. MOTHER'S MAIDEN		U	S.A.	
	13.	Clifton	(last na	me)			Unknown	NAME			
	1S. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	16 500	IAL SECURITY NO.		ymond Dav	4904 Colle	Edgewood ge Park	d Rd.	
			which gove e couse (o),	(o)	Peart	- F	allure LERUTIO	HT. P	ISEASĒ		O DEATH
0	CATION			ONTRIBUTING TO D	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART	l(o)	19. WAS A PERFO YES	NO PSY
	L CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.	NTRIBUTING 🗆	20b. DESCR	IBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port I or Port II of item	18.)		
	MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. INJUI While at work	Not While of work		E OF INJURY (Home, forn ory, street, office bldg., etc.)		own) (Co	ounty)	(Stote)
		21. I certify	that I took charg	e of the remai	ns described ab	ove, hel	d on Autopsy [],	Inspection 🔼	Inquiry 🗐	ond in m	ny opinion
		deoth result	ed from: Noture	ol couses .	Accident 🗸	Suici	de 🔲, Homicide		ned manner [
		ACTUAL SIGNATURE	art	in A	ef	Z	CHIEF MEDICAL M.D. ASSISTANT MED	EXAMINER		22. DA	TE SIGNED
,		EXAMINER'S NAME (Type)	15	OH N	KEHU.	E		AL EXAMINER	12	-20	65
	230	BURIAL, CREMATIC	N/ 23b. DATE TH		23c. NAME OF CEME			23d. LOCATION (Cit		(County)	(Stote)
	24	REMOVAL (Specify Burial) FUNERAL DIRECTO					n Cometer				
1	24.		o mar roy		M 7	IN. J.W.	ainie me C	2 8 1965	25b REGISTRAR'S	SIGNATURE	4
		Funer	al Home I	nc	Marylar	1 a	DAIE	M 1000	U	0	

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1. PLACE DF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

and completely filled in by the funeral	erhove carbon papers. Pages 1 and 2	should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

a. COUNTY				a. STATE		b. cou	NTY			
Prince Georges		MARY	LAND	D. C.						
 b. CITY OR TOWN (if outside co- write RURAL and give neares 	rporate limits, st town)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside o	corporate limits, w	rite RURAL	and giv	re nearest t	own
Glenn Dale (rural)	8 mos., 28	dys	Washir		42	1.3			
d. NAME OF HOSPITAL OR INSTI	TUTION (if not in h	ospital, give street a		d. STREET ADDRES					ON A FAR	M?
Glenn Dale Hospit	a1			2526 14th	St. N	. W.		Y	YES NO	be
NAME DF DECEASED	First	Middle		Last	4. DAT	E Mon	th	Day	Year	
(Type or print)	Leona	B		Davis	DEA	TH Dec		20	19 6	-
. SEX 6. COLOR OR R			1 8.			9. AGE (In years	JIEUNDER	1 YFAR	IF UNDER 22	
				c 1= 1= 0 = =		last birthday)	Months	Days	Hours	Min.
Female Negro	WIDOWED	LAN		6/1/1897	10 1 0 01	68 yrs.	1 10 0	171751	OF WHAT	
Oa. USUAL OCCUPATION (Give kind of uring most of working life, even If I	retired) 100. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE	(County & Sta	ate, or toreign count	C	OUNTRY	OF WHAT	
Retired				unknown	In cal at all c		US	<u> </u>		
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME					
unknown				unknown	1					
15. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO	. 17. 1	NFDRMANT		Addre	ess, TT		- 1	
Yes, no, or unkown) (If yes give war or	dates of service)					C. Gener		spit	al	
no		known		ord_Room_	Was	shington,	D. C.	•		
18. CAUSE DF DEATH [Enter or		ine for (a), (b), and (c).]						RVAL BETWI	
PART I, DEATH WAS CAUSE IMMEDIATE C		onchopneum	onia						veeks	
4200					-71					
Conditions, If any, which)	DUE TO									
gave rise to immediate	(b)	1 / 1		. 1 .				-		
cause (a), stating the	-	eralized a			s with	arterio-				
underlying cause last.		erotic hear						unkr	lown	
PART II. OTHER SIGNIFICANT CON Chronic pyelone	phritis;	TING TO DEATH BUT N	orrelat	ravascula:	LDISEASE CO	ondition given ii dents	PART 1(a)	19. YE	WAS AUTO PERFORME	
20a. ACCIDENT WAS UNDERLYIN	NG 1 20b	DESCRIBE HOW INJUI	A UCCIIB	RED (Enter nature	of Inlury In	Part I or Part II	of Item 18		0 110	435
OR CONTRIBUTING CAUSE OF	DEATH XAMINER)	DESCRIBE HOW INSO	00001	KED. (Eliter liuturo	or anjury an	Tart For Fact II	01 1tcm 20	,		
20c. TIME OF INJURY Month,	Day, Year 20d. I	NJURY OCCURRED 2	oe. PLAC	E OF INJURY (Home,	farm, 20f.	(City or town)	(Cot	inty)	(Stat	te)
Hour a.m.	While		factory	, street, office bldg.	, etc.)					
p.m.	19 at wor	k at work	-	700	7.5	10/00				
21. I certify that (I) (this		ed the deceased fi	rom_3	/22	1985 p. t	12/20	, 196.	2_, th	at (I) (we)	las
saw the deceased alive or	12/20	1 95 a	nd that	death occurred at	M,	from the causes	and on t	he date	e stated at	OVE
22a. SIGNATURE	11.1						22b. D	ATE SIG	ENED	
DUM	vers	1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2/20	/65	
22c. PHYSICIAN'S NAME (Type)				22d. ADDRESS	lenn I	Dale Hosp	ital			
Moe	Weiss, M.	D.			lenn I	Dale, Mar	yland			
3a. BURIAL, CREMATION, 23b. D			METERY	OR CREMATORY		LOCATION (City,		unty)	(State	2)
REMOVAL (Specify)	22-65	there in	w. Cy	10 P 1000	a Ku	Hand	mi	7.		
24. FUNERAL DIRECTOR	1200	ADDRESS	mj.	1 25a. R	REC'D BY RE	GISTRAR 25b.	REGISTRAR	'S SIGN	ATURE	
1 1 1 1 1 1 1 1 1 1	011	1/ 0/5.0	1	n n	1000		Lunal	6.1	udge	
unwersde titto	m1. 016	M. STNE.		DATE	061	1965		VK	1	

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

VR AI5 (4) 20M 1/65

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			3 (1)	Hoften L
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	Vi marrio D	THE REAL PROPERTY.			

FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 yours after death.

O DEPUTY MEDI XAMINER: This certificate should be executed within 24 hours after death. If any delay please execute and certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to refuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. VR A15ME (5) 5M 1/65

TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6

1. PLACE OF DEATH 2. COUNTY Prince George	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE Maryland b. COUNTY Pri	ence before admission) ince George
b. CITY OR TOWN (if outside corporate limits, Cheverly D. O. A.	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)	jd. STREET ADDRESS	e. IS RESIDENCE
Prince George General Hospital	3522 54th Avenue Apt #1	ON A FARM? YES NO 🔀
(1) po of print)	ruyn Sr. OF DEC. 2	Pay Year 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED SKNEVER MARRIED 1	Feb. 3, 1900 9. AGE (in years FUNDER 1 YE State State	AR IFUNDER 24 HRS. Hours Min.
103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glazier 10b. KIND OF BUSINESS OR INDUSTRY Automobile Co.	1 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT
13. FATHER'S NAME Cornelius P. DeBruyn	14. MOTHER'S MAIDEN NAME Mary A. Cortwright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) 578 03 5165 E	2mma F. DeBruyn Same as #2	(wife)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure		NTERVAL BETWEEN ONSET AND DEATH LINUTES
Conditions, If eny, which gave rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		rer 4 years
С		PERFORMED? YES NO 🔀
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPANT OF DEATH.	RRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPATION CONTRIBUTING MAINTENANCE CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work 19 at work	CE OF INJURY (Home, farm, 20f. (City or town) (County ry, street, office bidg., etc.)) (State)
21. I certify that I took charge of the remains described above, hel		and in my opinion
death resulted from: Natural causes , accident , Sui	cide, Homlcide, Undetermined manner	
ACTUAL CALL	ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER	12/3/65
NAME (Type) John Kehoe, M. D.	Address (Street, city, town, or county)	
23a. BURIAL, CREMOTION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
Burial 12/4/65 Ft. Lincoln	Colmar Manor,	A /
24. FUNERAL DIRECTOR ADDRESS		
Francis Caschie Sons Hyatterilla Md	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
Francis Gasch's Sons Hyattsville, Md.		IGNATURE

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.30_	corrections of the contract of		
	V. M.C	- olak	
	Ain w years and all officers.	Telesio (
Mid	E. Sacraya Vigoriani Era (18 alas — Eulim E. Calenya	released	
()	E STE OF STEEL STE	1	
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into taxo	mounth draw observations for the fill party		
Day Bushing			
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The state of the s	pleS to the land the court said		
	aunto Poins - Fyrancy Ma 1840 II 1848		

Page 4 may be retained by the nospital of altering proposed.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, least remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARTLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	I, MARYLANI
16907	CERTIFICATE OF DEATH	9/11

	4					
1. PLACE OF DEAT a. COUNTY	H rince George's		a. STATE Ma			sidence before admission) nce George 's
	VN (If outside corporate limit	MARYLAN s. I c. LENGTH OF STAY IN	U			and give nearest town)
write RURA!	L and give nearest town)		/ Oxon			
d. NAME OF HO		5 days	P	HILL		e. IS RESIDENCE
			11	Alice Aven	110	ON A FARM?
3 NAME OF	e George's Gene				Month	YES NO NO
DECEASED (Type or print)	First Robert	Middle Kenneth	Last Deitz	4. OATE OF DEATH	December	18 1965
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		Days Hours Min.
Male		OWED DIVDRCED] 2/2/43	22	yrs.	
10a. USUAL OCCUPA during most of work	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign	U CQ	TIZEN OF WHAT UNTRY?
13. FATHER'S NAM	ME		14. MOTHER'S MAID			
Har	vey Deitz		Jean N	Merkle		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Address	
NO NO	(If yes give war or dates of service		Harvey Dei	itz, Hyndma	an, Pa.	
18. CAUSE OF	DEATH [Enter only one caus	per line for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Viral (Infecti	ous) Hepatitis		19-1	ONSET AND DEATH
0921		, ma de (2112000m				
Conditions, If	any, which DUE TO					
gave rise to cause (a), s	Immediate (SC A LUI	
underlying cau	raring rue					
PART II. OTHER 20a. ACCIDENT DR CONTRIBUT (IF EITHER, NC 20c. TIME OF Hour a.		NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL I	DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO Y
20a. ACCIDENT	WAS UNDERLYING TING CAUSE OF DEATH DELIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of	f Injury in Part I or P	art II of Item 18.	
d COS TIME OF		20d. INJURY OCCURRED 120e	PLACE OF INJURY (Home, fa	arm, 20f. (City or t	own) (Cou	nty) (State)
Hour a.	INJURY Month, Day, Year m.	While - Not While -	factory, street, office bldg., e	etc.)	owii) (cou	ity) (State)
		at work at work	20/20/05	10/1		
21. I certi	fy that (1) (this hospital)	attended the deceased from	12/13/65	9 A to 12/1		5, that (I) (we) last
saw the de	eceased alive on Dec.	18 19 55, and	that death occurred at 1			le date stated above. TE SIGNED
22a. SIGNATU	Sovin ?	Hordel	M.D. ATTENDING	MED. STAF	F	2/18/65
22c. PHYSTCI NAME (T	^{AN'S} ^(ype) Louis Men	del. M. D.	22d. ADDRESS 4410 74t	h Ave. Be		
23a. BURIAL, CREI	MATION, 23b. DATE THERE	OF 23c. NAME OF CEME	TERY OR CREMATORY		(City, town or cou	
23a. BURIAL, CREI REMOVAL (SP BUT 12	pecify) 12/ 20/6		Cemetery	Hyndma	n, Pa.	
24 FUNERAL DIR	FCTOR	ADDRESS HAVE	++ CW 1 25a. RE	C'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
r. daxen	1 5 30HS 4739	Balt. Ave, Hya	DAMEC	2 2 1965	gelianles	Judge

Prince Con	CONTRACTOR CONTRACTOR		Prince O. depair
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			Life Billion
	and the state of t		
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		g Aras Suit Leaft	
		(Line Sight) Leads	
	etriston (e		

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 by be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any within 72 hours after death.

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VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY Pri	nce George		MARYL	AND	2. USUAL R	Mary:		caasad lived, lf b. COU	NTY - YTV	danca before	
b. CITY OR TOWN	(if outside corporate limited give nearest town)	s,	c. LENGTH OF STAT		c. CITY OR	R TOWN (If ou	tsida corpe	orata limits, writ	e RURAL and g	iva naarast te	own)
Riverda	A STATE OF THE STA				Riv	rerdale					
d. NAME OF HOSP	PITAL OR INSTITUTION (not in hose	oitel, give street addre	ss)	d. STREET	ADDRESS					RESIDENCE
6119 43r	d Street				611	.9 43rd	Stre	et		-	NO E
3. NAME OF First Middle DECEASED		Lest	4.	DATE	Mont			ar			
(Type or print)	Lillie	_	М.		Deneka	S	DEATH	Decem	ber 1	.4 1	965
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8	DATE OF BIRTH	н	9.	AGE (In years			ER 24 HRS.
Female	White	WIDOWE	DIVORCED		July 17,	1906		59 yrs.	Months Da	ys Hours	Min.
done during most of w	TION (Giva kind of work rorking lifa, aven if ratire Secretary	d)	ND OF BUSINESS OR	INDUSTR		ACE (County & lington	-	foreign country		A.	COUNTRY
3. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME				
Anthony	Denekas				Lilli	e Kuhn					
	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO	D. 17. I	NFORMANT			Addras	5		
(es, no, or unkown)	(If yas give war or datas of se	ervica)		Li	llian Ho	opkins		3818-A	W Stree	et. S.	E.
gave rise to immeda), stating the cause last. PART II. OTH	DUE TO	TIONS CON			OT RELATED TO T		DISEASE	CONDITION GI	VEN IN PART 1(a) 19. WAS	AUTOPSY FORMED?
1 /he	unsterl	des	at ale	Z.,						YES	но 🔀
OR CONTRIBUTING	WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURED	. (Entar natura of	l injury in Part	I or Part II	l of item 18.)			
20c. TIME OF INJ Hour a.m. p.m.		While	Not While		CE OF INJURY (Fory, streat, office		20f. (City	or town)	(County	1)	(Slata)
21. I certify	that (I) (this hospit	el) attend	ded the deceased	from	11/17		20, to.	12/1	4 1965	x, that (1)	(wa) la
saw the decea	ased alive on	1/17	196.5., ai	nd that	death occurr	ed al.	M, from	the causes	and on the		
22a. SIGNATURE	2 S. 8/2	lle	ame	М	ATTENDIN PHYS. 22d. ADD	DIRE	CTOR [STAFF PHYS.		12	SIGNE
NAME (Typ	ROGER	1.	15/26/	A) M	35	SNE	w	ORK	AUG	Nu	1.
3a. BURIAL, CREMA REMOVAL (Spacif Burial	TION, 23b. DATE THER		23c. NAME OF CE Rock Cre			Y 2		ATION (City, to nington	own or county)	D. C.	(State)
4 FUNERAL DIRECTO	DR'S SIGNATURE	1/1/2	ADDRESS Suitland R	d Su	itland ryland	DEC 1		18AR 256. RE	CISTRAR'S SIC	NATURE	

9. 05 45 14 -BOYDE DOCTOR SANTER STANFARD DE COLL EL CLUB 33 11 3 11 12 1 California (Contract of Contract of Contra motastile account Co Legend Cotton 1616 SOF YOUR WENTER SOME SOUTH OF THE SOUTH OF T pr (* pre THE DISCOUNT OF THE PARTY OF TH 0300 managed of building the managed of all

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then defect remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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			100	OF) I I-	Λ	

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE. b. COUNTY					
Prince George Brentwood MARYLAND)				
write RURAL and give nearest town)	C. CITT ON TOWN (IT OUTSIDE COPPORATE HIMITS, WRITE KOKAL and give nearest town)					
Brentwood 75 years						
d. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN HOSPITAL, give street address)		ON A FARM?				
	4522*41st. Ave.	YES NO X				
DECEASED	Last 4. DATE Month DEATH December 6.	Day Year 1965				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. OATE OF BIRTH 9. ACE (In years IF UNDER 1)	FAR I FUNDER 24 HRS.				
Female Negro WIDOWED OIVORCED	11-27-1882 last birtiday Months 0.	ays Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY						
Domestic						
	14. MOTHER'S MAIDEN NAME					
	Matilda Wright					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address					
	rs. Lucille Quarles 4522 - 41	st. Ave.				
18. CAUSE OF DEATH [Enter only one cause, per line for (a), (b), and (c).		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ulal.	(me				
33117	But.					
Cenditions, If any, which) (h) Line (centre)	Lewses	340				
gave rise to immediate						
underlying cause last. (c)		Territoria I				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
		YES NO X				
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)					
G (IF EITHER, NOTIFY MEDICAL EXAMINER)						
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (State)				
Hour a.m. While Not While	ry, street, office bidg., etc.)					
	10 1. 4 to 11 - to 10 Cet	that (I) (wa) last				
		data etatad ahova				
22a. SICNATURE						
sconged tays M.O	ATTENDING MED. STAFF DIRECTOR PHYS. 12-	6-46				
22c. PHYSICIAN'S	22d. AODRESS	Marte of				
Dr. Leonard Mays	520/ Dal Lue, Hyally ve	lle min				
DEMOVAL (Casalin)						
a. COUNTY PTITICE GEOTEE Brait wo d MARYLAND b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) Brent wo od Ty years d. NAME OF AUSPITAL OR, INSTITUTION (if not in hospital, give street address) A. NAME OF AUSPITAL OR, INSTITUTION (if not in hospital, give street address) A. NAME OF AUSPITAL OR, INSTITUTION (if not in hospital, give street address) A. NAME OF OR FIRST Brent Word Ty years A. NAME OF OR FIRST Brent Rebecca C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A STREET ADDRESS A. STREET ADDRESS						
Washington Funeral Chanel 475 H. St.	N. W DADEC 1 3 1965 gelianles	Judge.				

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

6810

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00

1-6								2 1 3 6 7 /
7.	a. CDUNTY	H	H	,	2. USUAL RESIDENCE a. STATE		, If Institution: Re . COUNTY	esidence before admission)
-	b. CITY OR TOW	/N (If outside corporate and give nearest town	e limits, c.	LENGTH OF STAY IN 1	b C. CITY OR TOWN (If o	utside corporate lim	Its, Write RURAL	and give nearest town)
	Hdelo	61		20 days	WAS	HINGTO	01 47	1.3
	d. NAME OF HO	SPITAL OR INSTITUTION	N (If not in hospit	tal, give street addre	d. STREET ADDRESS	1994	1150	e. IS RESIDENCE ON A FARM?
=	Yant	Dranch	Muse.	sing Hom	e V/2/-	4 -3/.	N.C.	YES NO 🖎
1	3. NAME OF DECEASED (Type or print)	Rose	st	Midale	WICKEN	4. DATE OF DEATH	Month 2	Day Year 19 65
1	5. SEX	6. COLON-OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In last birt		1 YEAR IF UNDER 24 HRS. Days Hours Min.
L	temale	White	WIDOWED	DIVDRCED	188	6 79	yrs.	
0	loa. USUAL OCCUPAT Juring most of work	FION (Give kind of work d ling life, even if retired	lone 10b. KIND NDUS	OF BUSINESS OR STRY	11. BIRTHPLACE (Cou			TIZEN OF WHAT
-	13. FATHER'S NAM	BUILE		-	14. MOTHER'S MAIDE		10	34
1	13. FAIRER S NAM	UKNOWIK)			NOWE		
	15. WAS DECEASED	EVER IN U.S. ARMED FOR	RCES? 16. SOC	IAL SECURITY NO. 1	7. INFORMANT	1	Address	
Ľ	(Yes, no, or unkewn)	(If yes give war or dates of	service)	1KNOWN	WM. DICKE	W. (See	2010	re)
		DEATH [Enter only one		or (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (Limbo	nem cul	Most		
1	1990	2 DUE 1	ro , o		n at i			All the same
l	Conditions, If gave rise to		(b)	em w r	r CIU U NZ A)		
1.	cause (a), s underlying caus	tating the DUE	10 Con 2	min	my p	elnia		6mos.
10	PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING	G TO DEATH BUT NOT R	ELATED TO THE TERMINAL DIS	SEASE CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
1	5							YES NO NO
OFFICE A	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEAT TIFY MEDICAL EXAMIN	20b. DESC	RIBE HOW INJURY O	CCURRED. (Enter nature of I	njury in Part I or Pa	art II of Item 18.)
13	20c. TIME OF	INJURY Month, Day, Y	ear 20d. INJUR	- 6e	PLACE OF INJURY (Home, farr ctory, street, office bldg., etc	n, 20f. (City or to	own) (Cou	nty) (State)
1	20c. TIME OF Hour a.r p.i		While at work	Not While at work	ctory, an ear, onice bigg., ere	•/		
		y that (I) (this hospi	ital) attended t	he deceased from_	July 26, 19	65 to 12-	26, 196	that (I) (we) last
ľ		ceased alive on /	2-21	1965, and t	hat death occurred at 9	55 M, from the ca		
ŀ	22a. SIGNATU	Dame	[7]	Tatala	ATTENDING M	ED. STAFF		ATE SIGNED
ı	22c. PHYSICIA	AN'S	- VV	MAS	M.D. PHYS. DI	RECTOR PHYS.	11/4.	26-65
	NAME (T		60124	ETS,	The second secon	RING ST	- SSPE	MD.
2	BURIAL, CREM		HEREOF 23	ATL NE	ERY OR CREMATORY		City, town or cou	1 1/0
-	24. FUNERAL DIRE	ECTOR	100	ADDRESS	25a. REC'	1 / / / / / /	5b. REGISTRAR'S	SSIGNATURE
1	Maple lo	of Feerral	idano.	4217-92	LOT KULDATEC	29 1965	geliarle	Judge
	The same of the sa		The same of the sa				1/	

3 3 3 3 3 5 5 UJKREGAN War Brillian Land VARADON RUM DICKER (See SOLM) REMARK KILLETS 1015 STURIE IT SHELLED TO THE TOTAL WHEN WENT THE REAL PRODUCT OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS,

FOR STATE HEALTH Ne pages 1 and 2 with the State Department of Congression on any event within 72 hours often death. P.M.3. Page necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to any delay is Health or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death the funeral director. Page 4 should be forwarded to the Chief Medical Examples's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

16811

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

20192

	20011	30100
1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE b. COUNTY
	Prince George's MARYLAN	
Γ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	Suitland DOA	Camp Springs
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
L	Andrews Air Force Base Hospital	7702 Morris Avenue YES NO 🔀
3.	NAME OF First Middle DECEASED (Type or print) Leonard (NONE)	Dobrowski Death 12 30 19 65
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Dobrowski DEATH 12 30 19 65 5 5 5 5 5 5 5 5 5
	Male White WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min.
_	Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
dy	uring most of working life, even if retired) INDUSTRY	SOUNTRY? P Z
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME
ľ		2/
	Joseph Dobrowske	Unknown
170	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (If yes give wor ar dates of service)	17. INFORMANT Address
L	Jes Ret, 1963 267-52-3505	Hilda M. Dolcowski Serwar -
	TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Shock	INTERVAL BETWEEN ONSET AND DEATH
	F 7 1 = 1111112511112 01032 (0)	n of vomitus (blood)
	(Conditions, if ony, which gove) (h) and Buntage of	oesophageal varices
	rise to immediate couse (a), stating the underlying couse DUE TO From portal hyp	1 0
	lost. (c) From cirrhosis	
	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19 WAS ALITOPSY
ATION	Colonial Col	PERFORMED? YES X NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCUR PRIMARY □ or Contributing □ Cause of Death.	RRED. (Enter noture of injury in Port I or Port II of item 1B.)
MEDICAL	2 Dc. TIME OF INJURY Month, Doy, Year Hour o.m. 2Dd. INJURY OCCURRED While Not While ot work at work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 2Df. (City or town) (Caunty) (Stote)
	21. I certify that I took charge of the remains described above	e, held on Autopsy 🔀 Inspection 🔀 Inquiry 🛣 and in my opinion
	deoth resulted fram: Natural causes [xt. Accident],	Suicide . Homicide . Undetermined monner
	Action in the contract of the	CHIEF MEDICAL EXAMINER
	ACTUAL ACTUAL	22. DATE SIGNED
	SIGNATURE THE TOTAL SIGNATURE	M.D. ASSISIANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
	RXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, N	
22	30 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	14.
-	REMOVAL (Specify)	250. Cochion (city di Townit) (coolin)
0	Divide 11-3-66 artinoto	1/ Elland delington Integritor
	24. FUNERAL DIRECTOR ADDRESS	250. RECID BY REGISTRAR - 25b. REGISTRAR'S SIGNATURE
	n. n. Chambers 6. Ju. 519-11=1	M. X. E. DATAN 7 1966 Schanley Judge

VR A15ME (5) 6M 1/66

5 may be retoined for your files.

executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
PRINCE GEORGES MARYLAND	MARYLAND PRINCE GEORGES
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RIVERDALE	RIVERDALE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
5519 NICHOLSON ST. APT 202	3519 NICHOLSON ST. YES NO N
3. NAME OF First Middle	Last 4. DATE Month Day Year
	NOHUE DEATH DEC 12 1945
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
THE TONCH STANT	SET 10)1006 79 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PLUMBER PLUMBING	WASHINGTON, D.E. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES DONOHUE	MARCARET FEEHAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANI OITH E. DONOHUE Address SAME AS #2
1578-16-3465) bun Co bun bun
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTONIAL CO	My Viscinis
442X DUE TO Trelement	sucrosis theres
Conditions, If any, which (b)	
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICE	YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO DESCRIBE HOW INJURY OCCUR. 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor while at work at work	y, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	19 to 19 that (1) (last
	death occurred at 7 2 M, from the causes and on the date stated above.
22a. SIGNATURE LUCY CHaile M.D.	ATTENDING MED. STAFF 22b. DAYE SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) D	22d. ADDRESS
ROBERT (+ HAILE	35NEW YORK AUE N.W. D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) /2-27-1965 First Amount	O DIANTUR BURY MARYLAND
24. FUNERAL DIRECTOR ADDRESS A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W.W. Chambers Go. Niverdale, M.	d. DEC 28 1965 Icharles Judge
	I DATE D () 1000

VR A15 (4) 20M 1/65 1400 to 1 150 3V 2 40 2 2 70 500 FE Walter Strategy AND THE RESIDENCE OF BARAMAN BARAK BARA TO BE MEDICAL E E TO SIL NE JAHAY MAN TO LONG AND THE SALUD STATE TROOPS AND The second of the second of the second A THE WAS A THING THE PROPERTY OF THE PARTY The state of the s

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidence before edmission)						
a. COUNTY	e. STATE b. COUNTY						
Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)						
write RURAL end give neerest town)	/ Sill On 10 till in outside corporate timus, with NONAL and give neerest fown)						
Cheverly DOA	1 Brentwood						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?						
Prince George General Hospital	3818 Allison Street YES NO X						
Prince George General Hospital 3. NAME OF First Middle	Last 4. DATE Month Day Year						
	OuCharme DEATH 12 19 19 65						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
Male White WIDOWED DIVORCED	31 July 1906 59 yrs. Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)	. Glasgow, Scotland U.S.A.						
Cab Driver Yellow Cab Co	14. MOTHER'S MAIDEN NAME						
	Annie Stewart						
Maxime L. DuCharme							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II							
Yes, no, or unkown) (lifyesgivewarordelesofservice) Yes WWII	s. Evelyn M. DuCharme (above address)						
18. CRUSE OF DEATH Enter only one cause per line for (e), (b), end (c).)	(Wife) INTERVAL BETWEEN						
PART L. DEATH WAS CAUSED BY:	ONSET AND DEATH						
97/ IMMEDIATE CAUSE (a) Gun shot wound of	head minutes						
DUE TO							
Conditions, if any, which (b) gave rise to immediate cause							
(e), stating the undarlying DUE TO							
eause lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
ř.	PERFORMED? YES NO 🔀						
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Pert I or Part II of item 18.)						
PRIMARY N or CONTRIBUTING Shot, self in head.							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
	ne Same as #2						
21. I certify that I took charge of the remains described above, hel							
death resulted from: Natural rayses, Accident . Suicident	de K, Homicide , Undetermined manner						
	CHIEF MEDICAL EXAMINER						
ACTUAL SIGNATURE							
	DEPUTY MEDICAL EXAMINER 🔀						
EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Mo							
22a. BURIAL, CREMATION. #2b. DATE THEREOF 22e. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (State)						
REMOVAL (Specify)	orial Park Falls Church, Va.						
Nalle ys Funeral Home Mt. Rainie	- LAR PEC D DI REGISTRAR I ZAD, REGISTRAR S SIGNATURE						
The Maryland	DATE 4 8 1903 1904						

A STATE OF THE REAL PROPERTY. e ni 4 ... 154.1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior ta buriol, crematian, or remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL DESEADCH

		DIVISION OF STATIST							MAKILA	NU ZIZI		12121	11 -
	16814		MED	ICAL EXAMI	NER'S	CERTIFICATE	OF DI	EATH			6	01:	46
1.	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE o. STATE		eceosed lived,	if institution		before	odmissio	n)
	Pri	ince George	S	MAI	RYLAND	Marylan	d		Princ	ce Ge	orge	215	
	b. CITY OR TOWN (If outside corporate limits d give neorest town)	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	If outside ca	rporote limits,	write RURA	, and give	nearest	town)	
	Chever	Ly		DOA		Edmonst	on						
	d. NAME OF HOSPII	AL OR INSTITUTION (If no	t in hospital, o	ive street address)		d. STREET ADDRESS					e	. IS RESID	ENCE RM?
_		George Gene				4920 49t		enue				ES	NO 🔀
3.	NAME OF DECEASED	Fire	51	Middle	-	Lost	4. DA		Month		Doy	Yea	٢
	(Type or print)	Andro		lax		raev	DE	ATH	12		31	19	65
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In		IF UNDER 1		IF UNDER	
1.1	ale	White	WIDOWED	DIVORC	ED 🗍	1 Oct. 18	07	last bir		Months	Days	Hours	Min.
100	USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (S			7.0.	12. CITI	7FN OF	WHAT	
dur	ing most of working Drive	life, even if retired)		xi Cab				3		con	NTRY?		
13	FATHER'S NAME	21	1 10	AI Cab		Russia 14. MOTHER'S MAID	4-3			1 0	DA		
		n Dunaev				Unkn							
15.		R IN U.S. ARMED FORCES?	16	OCIAL SECURITY NO.	17.1	NFORMANT	OWII		Address				
	es, no, or unknown)	(If yes give war or dates of	convical				5				- 1	10	
	_No			9 01 61	63 F	lelen P.	Duna	iev	Da	me a			
	18. CAUSE OF DI	EATH (Enter only one cous	e per line for	(o), (b), ond (c).)							INTE	RVAL BETV	VEEN
	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o Heart	failure						- 1	ימ.ביוט.	ET AND DI	EATH
	4200	DUE 1											
	Conditions, if ony	, which gove)		7								. 70	
	rise to immediot	e couse (o),		Losciero	olc ne	eart disea	se				ove:	r 10	yrs
	stoting the unde	riving couse											
	lost.	,	(c)										
Z	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RI	ELATED TO 1	HE TERMINAL DISEASE	CONDITION	GIVEN IN PAR	T I(o)		19.	WAS AUTO PERFORME	PSY
ATIO	1												10 X
MEDICAL CERTIFICATION	20o. EXTERNAL CA	USE WAS	20b DF	CRIBE HOW INJURY	OCCURRED.	Enter noture of injury	in Part Lo	r Port II of ite	m 18 l				P. N.
ERI	PRIMARY Or CO	NTRIBUTING 🗆	200. 01.	TENDE HOW MOOK!	occonice.	(cino, notoro or injury	an ruit y o	, 101111 01 1101	10.7				
AL (CAUSE OF DEATH.												
200	20c. TIME OF INJU Hour o.r	JRY Manth, Doy, Yeor	20d. IN While	JURY OCCURRED Not While		E OF INJURY (Home, ory, street, office bldg.,		Of. (City or	town)	(Coun	ity)	(5	tote)
₹	p.r	10		ot work	1001	ory, sireer, office blug.,	oic.						
	21. I certif	y that I taak charge	of the ren	nains described o	bove he	ld an Autansy	Insn	ection [37]	Inquir	v [27].	and	in my o	niniar
	death result		tquses &			de , Homic		Undeterm			arra	,	pinna.
	dediii lesoii	ied fidig.	Moses K	J, Arcideili], 3010				illeu Illuli	nei			
	ACTUAL	tota	11.	1-	7		ICAL EXAMIN				21	2. DATE S	CIGNED
	SIGNATURE	/UN Vh	10	1		/TI.D.	MEDICAL EXA				4.4	z. DAIL .	NONED
	EXAMINER'S /	-101 17 -10 - 1	D 7	22	363		DICAL EXAM				7.0	07	1 10
	NAME (Type)	ohn Kehoe,		Riverdale			treet, city, to	own, or county)		12	-31-	55
230	BURIAL, CREMATIC	1	REOF	23c. NAME OF CEA	METERY OR	REMATORY	230	LOCATION (ity or Town) ((County)	(St	ote)
	REMOVAL (Specify Burial	1/3/6	6	Geo. Wa	shin	gton Mem	10.	Hyatt	svill	Le Ma	arv	land	3
24	FUNERAL DIRECTO			4th St	27-		EC'D BY REC		2Sb. REGIS	TRAR'S SIG	SNATURE		
	T Lim	Toon Com-	300	4th St	· NE		AN 5	1966	0.40.6	roule			
	U . WIII .	Lees Sons	. was	shington	. DC	DALE	G MA	DOCI	1	, ,	1	. 0	

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		MARTLAND STATE DEPARTMENT OF REALTH	
	DIVISION O	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	. MARYLAND
-3	6815	CERTIFICATE OF DEATH	21114

80										
r	1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
1	V	o omao la		MARYLAND				0		
	Prince G	eorge s	to limite	c. LENGTH OF STAY IN 1b	Mary La	Outoldo gornorato II	mite write BURAL	George 's and give nearest town)		
	b. CITY OR TOWN (if write RURAL and	give nearest tow	n)	C. LENGIN OF STAT IN 10	C. CITT OR TOWN (II	outside corporate ii	IIIIIS, WIITO KOKAL	and give hearest town)		
1	Cheverly		,	33 days	Mt. Ra	inien		A-100 HOURS		
-			N (if not lo be	ospital, give street address)	d. STREET ADDRESS	THICL		e. IS RESIDENCE		
	u. HAME OF HOSPITA	at on maintain	m (ii not iii nt	ospital, give street address)	U. SINCE! ADDRESS			ON A FARM?		
		eorge's	General	Hospital	4308 R	ussell Ave		YES NO K		
	3. NAME OF	FI	rst	Middle	Last	4. DATE	Month	Day Year		
	(Type or print)	Fm	ank	Ter	Dunklee	OF DEATH D		29 1965		
		TI.	aux	E.	8. DATE OF BIRTH 18	10 105 (ecember	29 1965		
	J. SEA 0. 1	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 7 S	ROO S. AGE (II		Days Hours Min.		
	Male W	hite	WIDOWED	DIVORCED	12-2-00	66 65	Monuis	Days Hours Will.		
	TOO HOUSE OCCUPATION	Cive kind of work						TIZEN OF WHAT		
	10a. USUAL OCCUPATION during most of working i	ifa, even If retire	d) IF	NDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreig	CO	UNTRY?		
ı	Sightsee	ing Gui	de Re	etired	Newport,	. Va.		U.S.A.		
1	13. FATHER'S NAME		100		14. MOTHER'S MAID			0000000		
		- 3 7	17							
	F'r	ank Dun	KT66		Nanr	nie Willi	ams			
	15. WAS DECEASED EVER	INTIS ARMEDEO	PCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	(Yes, no, or unkown) (Ify			SOCIAL SECONTITIO. 17.	INFUNMANT		Audi 633			
	No			78-01-8311	Mrs. Sarah	T. Dunk	lee (ah	ove address		
		II Fratas auto au			MIL D. Dar at	Z De DUIIN	200 (20)	INTERVAL BETWEEN		
				ine for (a), (b), and (c).]		(W1	Ie)	ONSET AND DEATH		
	PART I. DEATH	WAS CAUSED BY	in A C.	to Conson	y Hourt	dia Pila I		0110E1 A110 DE1111		
	1/4 - 1	MEDIATE CAUSE	(a) A	are town	Theuse					
	4001	DUE	TO O	A - 1	0 .		-			
	Conditions, If any,	which)	(b) Jen	w. Arterio	OCLERGALA					
	gave rise to Imn	nediate ((-)		7					
	cause (a), stating	g the DUE	10	Dougtagling	1 0	0 1200				
	underlying cause las	st.	(c)	Levie Czarwy	Directory	e was				
	PART II. OTHER SIGNI	FICANT CONDITION		ITING TO DEATH BUT NOT REL	TED TO THE TERMINAL D	ISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY		
	AT	Gast						PERFORMED?		
3	19			Lyn				YES NO		
	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY	UNDERLYING	20b. [DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	Injury In Part I or I	Part II of Item 18.			
	OR CONTRIBUTING	MEDICAL EYAMI	HH H							
			1							
	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day,	Year 20d. If	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or	town) (Cou	nty) (State)		
	Hour a.m.	- 27 75 53	While	- Not walle -	ry, street, office bldg., et	(6.)				
	¥ p.m.	19	at work	at work			100			
	21. I certify th	at (I) (this hose	oital) attende	ed the deceased from	11/26 19	65 to 12	/29 195	_, that (I) (we) last		
	saw the deceas		12/29							
	0011 0110 000000	en alle ou		, and tha	r death occorred at	A N HOIII the	Canzez qua nu ll	ne date stated above.		
	22a. SIGNATURE	7	0 -	11		C11	220. 01	ALE SIGNED		
		dou	her	Shama, M.	ATTENDING D	MED. STAI		12/29/65		
	22c. PHYSICIAN'S			W.1	22d. ADDRESS	THE THE	٠			
	NAME (Type)	Dr. Zoul	neir Sha	277.2			11 01			
		Dr. Zour	lett. 2U	and	rrince Geo	. General	лоsp., Che	everly, Md.		
	23a. BURIAL, CREMATIC	ON, 23b. DATE	THEREOF	1 23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION	(City, town or cou	nty) (State)		
	REMOVAL (Specify) ,	,				7.0			
	Burial	12/3	1/65	Fort Lincol	n Cem.	Colmar	Manor,	Md.		
	24. FUNERAL DIRECTOR			ADDRESS D	25a. REC	D BY REGISTRAR	25b. REGISTRAR'S	SSIGNATURE		
	77	Nalley		ADDRESS Rain	DATE N	4 1966	Jelianle	La Verdis		
	Funeral	Home 1	nc.	Mary la no	DATE	1000	1	Linge		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and if any event, within 72 hours after death.

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	die Derekand is		Tribe and	
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	into the constitution of			

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	FOR STATE
	HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SSTATISTICAL EXAMINER'S CERTIFICATE OF DEATH

T. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
Prince George's MARYLA	Maryland Prince George's
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY I	
write RURAL and give nearest town)	
Cheverly DOA	X Seat Pleasant
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a, 15 RESIDENCE ON A FARM?
Prince George General Hospital	7259 Booker Drive YES NO
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Yeer OF
(Type or print) Clarence William	Edmunds DEATH 12 21 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
N/ 7 N/IDOWED TO DIVORCED T	last birthday) Months Days Hours Min.
Male Negro WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR IN	USTRY 11. BIRTHPLACE (Sleta or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired	10
Ketined Kuilnond	N.C. 4.5.A
13. FÄTHER'S NAME	14. MOTHER'S MAIDEN NAME
Uuknown	Uhknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7. INFORMANT Address
(Yes, no, or unkown) (Ifyesgivawarordalesofservice)	
140	Memie Echnemols Seine as 2D
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Heart failure	minutes
443 X DUE TO	
Hamont an airre	rdio vascular disease over 5 vrs
Conditions, if any, which are rise to immediate cause	rato vascular disease over 5 yrs
(a), stating the underlying DUE TO	
cause fast. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	PERFORMED? YES \ NO \
E 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury in Pert I or Pert II of item 18.)
PRIMARY Or CONTRIBUTING	the tenter make of this is the for the first to them to.)
	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.)
Hour a.m. While Not While at work at work at work	Totally, silver, silver stugs, etc.)
21. I certify that I took charge of the remains described abov	, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural caused Accident	Suicide, Homicide, Undetermined manner
1 19 1	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER
NAME (Type) John Kehoe, M.D. Riverdale.	
NAME (Type) John Kehoe, M.D. Riverdale,	
REMOVAL (Specify) /1% - 17-65	Cartin History Park mil
112 x160 Burmon	y convering Hegitienic pain mice
23, FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HJ. 4/25 Welling 1	MEC 29 1965 Icharles Judge

bee been get to be the second

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 7 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 3 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16817 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEA	TH					2. USUAL RESII	DENCE (V	Where decess	ed lived, If		esiden	e before	• dmission
_		Prince George			MARYLANI		Md.		Pr	ince	George			
1	b. CITY OR TOWN	(if outside corporete limits and give neerest town)	,	c. LENGTH	OF STAY IN 1	Ь	c. CITY OR TO	WN (If outs	ide corporate	limits, write	RURAL end	give r	nearest to	wn)
		nton		DOA			X Clin	ton						
		PITAL OR INSTITUTION (if	not In hos	pitel, give stre	et eddress)		d. STREET ADDE				~1.0	-	e. 15	RESIDENCE
	Clint	on Modical Co	nt on				0777 0		т.					A FARM?
3.	NAME OF	on Medical Ce	surer	Mi	ddle	Н	9111 S		Lane,	Month		-	_	NO [
	(Type or print)	B err	nard		nest		Emmert		OF DEATH	7.2		Dey 5	19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER A	MARRIED	8. 1	DATE OF BIRTH				IF UNDER 1	-		R 24 HRS.
	M		WIDOWE			28	Tan 20	7.0	las	birthday)	Months [Deys	Hours	Min.
10	a. USUAL OCCUP	ATION (Give kind of work		ND OF BUSIN			Jan. 19		40		L12 CITI	7ENLO	ENGLIAT	COUNTRY
	Inspect	working life, even if retired OT)	Light			Washing					S.A		COUNIKI
13	. FATHER'S NAME	-				1	4. MOTHER'S MAI	DEN NAME						
	Bernard	Emmert					Lottie F	owler	c					
		EVER IN U.S. ARMED FORCE		SOCIAL SECU	RITY NO. 17	IN	PORMANT			Address				
(4		(If yes give wer or detes of sea				ern	ard E. Em	mert,	Jr !	9111 5	usan l	Lan	е	
	Conditions, if el gove rise to Imme (a), stelling the eause lest.	underlying DUE TO		Arteri		oti	ic heart					Mi	nute	S
CERTIFICATION	20a. EXTERNAL	ONTRIBUTING [7]					RELATED TO THE TE				EN IN PART			AUTOPSY DRMED? NO
MEDICAL	20c. TIME OF IN. Hour s.m.	JURY Month, Day, Year	While	NJURY OCCU Not While			OF INJURY (Home, , street, office bldg.		of. (City or to	own)	(Coun	ty)		(State)
		that I took charge of from: Natural can		Acciden	Si	aicide	CHIEF MEDIC M.D. ASSISTANT A CORPUTY MEDICAL	ide, CAL EXAMI MEDICAL I	NER EXAMINER MINER		anner [D	ate sie 25-6	INED
220		ON, 26. DATE THEREO	F 2	22c. NAME C			REMATORY	22d.	LOCATION	(City, town,			(Sta	to)
	Burial (12-28-65		Arlin	gton N	ati	onal	A1	rlingt	on	V	irg	inia	
925	bert E.	oi Wilhelm Fune:	ral H	ADDRESS ome St	4308 Su uitland		I and Rola.	-	REGISTRAR	001	STRAR'S SIG	_		

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9 0 20 Complete and the first text " 1. () Western Wear West in J. Mindows & 3 and him to 12 to 21

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16818 FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land2 with the State Department of Health ar its designated agent, priar ta burial, crematian, or remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18-One Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office was with farm PM3. Page

This certificate shauld be executed within 24 haurs" after death. If

TO DEPUTY MEDICAL EXAMINER:

with farm PM3. Page

any delay is

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH			Where deceosed lived, if institution	
o. COUNTY Prince George's	MARYLAND	Maryland	b. count	rince George's
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporate limits, write RUR/	
write RURAL ond give neorest town) CheverLy	DOA	X Capitol H	eights	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	give street oddress)	d. STREET AOORESS	0201100	e. IS RESIDENCE
Prince George General Ho	spital	609 48th.	Avenue	ON A FARM? YES NO 🔀
3. NAME OF First OECEASEO	Middle	Lost	4. DATE Month	Doy Year
	nry Er	skine	DEATH 12	29 19 65
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Male White WIDOWED	DIVORCED 2	27 May 1942	23 Yrs.	monnis Doys Hours Mill.
	ND OF BUSINESS OR DUSTRYOU t	11. BIRTHPLACE (Stote Washington	3	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Albert Erskine		Viola Simp	pson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S		NFORMANT	Addres	
(Yes, no, or unknown) (If yes give wor or dotes of service)	Li	nda L. Ersk	ine 609 48th A	Avenue
18. CAUSE OF DEATH (Enter only one couse per line for PART I. OF ATH WAS CAUSED BY: MMEDIATE CAUSE (o)		head		INTERVAL BETWEEN QNSET AND OEATH MINUTES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T			, ,	19. WAS AUTOPSY PERFORMED? YES NO 🔀
20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING □	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in a	Port I or Port II of item 18.)	
CAUSE OF DEATH. Sho	t self in head	•		
20c. TIME OF INJURY Month, Ooy, Yeor 20d. IN While		E OF INJURY (Home, farm ory, street, office bldg., etc.)		(County) Md. (State)
2:00pm p.m. 12-29- 1765 of work	otwork Bath	room 5749	Southern Ave.	Capitol Height
21. I certify that I taak charge of the rem	nains described abave, he	d an Autapsy [],	Inspection 🔀, Inqui	ry 😿 , and in my apiniar
death resulted fram: Natural causes], Accident/[], Suici	de 🕱, Hamicide	, Undetermined ma	nner 🔃
ACTUAL O -). 1/ 0	CHIEF MEDICAL	EXAMINER	OD DATE CICATEO
SIGNATURE THE	est	_ M.D.	ICAL EXAMINER	22. DATE SIGNEO
EXAMINER'S John Kehoe, M.D.	Riverdale, Md.		L EXAMINER (x), city, town, or county)	12-30-65
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (23d. LOCATION (City or Tow	, , , , , , , ,
Burial (Specify) 1-3-66	Cedar Hill Ce		Suitland	Maryland
Wilhelm Funeral Home 4308	Suitland Rd Su Ma	itland parks N		istrar's signature

VR A15ME (5) 6M 1/66

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Prince George's MARYLAND	a. STATE Maryland Prince George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 5 days	Hyattsville
d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince George's General Hospital	4411 Oliver Street YES NO X
3. NAME OF First MIddle	Last 4. DATE Month Day Year
(Type or print) William H	Ewing December 15 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED 0	oct. 1, 1889 76 yrs. Wolldis Days Hours Will.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT St. George, West Virgin Planting. S.A.
Retired Supt. Water Proofing Co.	14. MOTHER'S MAIDEN NAME
THE RESIDENCE OF THE PROPERTY	Mollie Shaeffer
Louis Ewing	
(Ves no or unknown) ((If yes nive war or dates of service))	INFORMANT Address
no 579-01-5738 M	Mary C. Ewing same as #2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	PALAL MACHAN THE SEA OF SOME AND DEATH
IMMEDIATE CAUSE (a) The Advisor of	CA CONTRACTOR OF THE CONTRACTO
Conditions, If any, which	DI full falls
gave rise to immediate	KI- Tonigy oak
cause (a), stating the DUE TO	
underlying cause last. (c)	LO WAS ALITOPOV
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
log	YES NO X
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE PART II. DTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTI	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Willie Hitch Willie H	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) (Clty or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from De	ec. 10 , 19 65 to Dec. 15 , 19 65, that (I) (we) last
	death occurred at $12:2$ M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
fill d. parym md - M.D	. PHYS. DIRECTOR PHYS. KX 12-13-03
22c. PHYSICIAN'S NAME (Type) Dr. Rosa L. Barlin	22d. ADDRESS
NAME (Type) Dr. Rosa L. Barlin	Prince Geo. General Hosp., Cheverly, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
burial 12/18/65 Parklawn Co	emetery Montgomery County, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1 40 14 Hines Co. 2901 14th CT 111	W. DEC 20 1965 Cleaner Judge
0101	Maritie To

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10308					
To broker control				a'swrood tob	
	100	Virg. now	Asial not Large	d stanger eng	ME LEVEL
	050	I halos	THE BOY		
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			FETTAL PARTE		
	000 11	0.000		Carlos Services	
# 1 m 2 2 m 1 1					
du en le p res		.onlooning	ALEMAN III	seet .41 9 K	
ev College, 36					

executed within 24 hours after death.

Tage 4 may be recommented in the most of the funeral director, page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

I DOZU OZNIH IOA	L OI DEATH	60202
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
a. COUNTY	a, STATE b. COUNTY	a. 1-
Prince Georges MARYLAND	MARYLAND PRINCE	JEORGES
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Riverdale	LAUREL	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Eugene Leland Memorial Hospital	BALTIMORE BLUD	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year
(Type or print) THEFEXXX Wilbur F	Faurot December	15 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IFUNDER :	
Molo Widowed Divorced	SEPT 15 1914 St vrs. Months	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OF	1.11. BIRTHPI ACE (County & State, of foreign country) 12 CI	TIZEN OF WHAT
during most of working life, even if retired) NOUSTRY Meat	CO	UNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	0,0
4//	AL CTA	
WILBUR FAURO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INADGE	
(Yes, no, or unkown) (If yes give war or dates of service)	OR MANGE CONSTOLL FAUROT	. +1.
NO - 202037744	RT3BOX TOLE MAR.	IANNA LLA,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	MENENCLTES	ONSET AND DEATH
149 /V IMMEDIATE CAUSE (a)		300173
Conditions, If any, which) BEINCHIPA	1501 0.6. 2	PAUS WILL.
Conditions, If any, which (b)	JEUMONIA	ONE WEEK
gave rise to Immediate cause (a), stating the DUE TO		Charles of the
and the state of t		Aller of the
_ (()	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOTRED 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION OF THE TRY ART 1(a)	PERFORMED?
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of injury in Part I or Part II of Item 18.)	
ÖR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	onited tento many of injury in the contract of the contract of	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	ory, street, office bldg., etc.)	(41117)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	14 DEC., 1965, to 15 DEC, 1965	_, that (I) (we) last
saw the deceased alive on 115 DEC. 1965, and the	at death occurred at 63º PM, from the causes and on th	e date stated above.
22a. SICNATURE	22b. DA	TE SIGNED
1. Journaum M	D. ATTENOINC MED. STAFF DIRECTOR PHYS. 15	DEC 65
22c. PHYSICIAN'S	22d. AODRESS	
NAME (Type) C. J. HOUMANN	RIVERDALE	MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y BR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
REMOVAL (Specify) 12-17-65 F1. Since	en BLABENSRURG.	MARYLAND
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'O BY RECISTRAR 25b. REGISTRAR'S	
1.11 00 P. 00 m. 0	DEC 21 1965 Scharles	
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The Allian Editor				
		A THE STATE OF	A Resemble	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

hours after death.

	MARTLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1. MARYLAND
16821	CERTIFICATE OF DEATH	20203

PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George's MARYLAND	a. STATE Maryland b. COUNTY Pr. Geo
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Kheverly 1 day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Prince George's General Hospital	1 4303 Kaywood Drive ON A FARM?
3. NAME DF First Middle CECEASED (Type or print) Vincent T.	Finn December 15 19 65
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. Hours Min. Min.
Male White WIDOWED DIVORCED	12-3- 1090 yrs.
Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) Supt. 10b. KIND OF BUSINESS OR INDUSTRY Pepsi-Cola C	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Finn	Vola Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 100, or unknown) (If yes nive war or dates of service) 219-07-8643	Mrs. Evelyn K. Finn (above address)
Yes WWI 219-07-8049	(104 Co)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmous	INTERVAL BETWEEN ONSET AND DEATH
	Infarction.
ocuse (a) stating the DIF TO	clusien
underlying cause last. (c) 4 Arterio silero	tic Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUR. THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part i or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) 20f. (City or town) (County) (State)
	1965 to #1216 1965, that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive pn 196 and that	t death occurred at \$15 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.C. M.C.	D. ATTENDING MED. STAFF 12/16/65 PHYS. 12/16/65
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Leon Levitsky	8408 Rhode Island Ave., Mt. Rainier, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS BUTIAL (Specify) 12/20/65 Arlington M	
	REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Funeral Home Inc. Mt.Rainier	, Ma. DATEC 2 2 1965 fcharles Judge

VR A15 (4) 15M 4-64

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	History and		Charles of Burgarian Control
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			out the Landing

FOR STATE

3500 4-64

HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. State Department hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 78 is 0 VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0119114

3.000		
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY	Residence before admission)
Prince George's MARYLAND	Maryland Prince G	
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)
Cheverly DOA	North Forestville	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Prince George General Hospital	7900 D'Arcy Road	YES NO W
3. NAME OF First Middle	Last 4. DATE Month	Day Year
DECEASED (Type or print) Marian Teresa Flat	nerty DEATH 12	5 19 65
	B. DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	16 June 1912 53 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY		COUNTRY? USA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
Thomas J. Pumphrey	Anna M. Sollars	
	INFORMANT . Address	19
(Vet no or unknum) [(15 yes nive way as dates of sevents)]	10126 0-100	Drive S.E.
1 to CAMPE OF DEATH FELL	mard J. Flahery Friendly, Ma	ryInd.2002 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Heart failure		minutes
4200 DUE TO		
Conditions, if any, which gave rise to immediate (b) Arteriosclerotic	neart disease	over 3 yrs.
cause (a), stating the DUE TO		
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEN TO THE TERMINAL DIRECTOR CONDITION CIVEN IN DART 1/2) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	PERFORMED? YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Contributing Cause of Death. 20c. TIME OF INJURY Month, Day, Year Contributing Cause of Death. 20c. TIME OF INJURY Month, Day, Year Contributing Cause of Cause	RRED. (Enter nature of Injury in Part I or Part II of Item 1	8.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)
Hour a.m. While - Not While -	ry, street, office bldg., etc.)	ouncy) (Grace)
21. I certify that I took charge of the remains described above, hel	d an Autopsy \square , Inspection $ _{\mathbf{X}}$, Inquiry $ _{\mathbf{X}}$, and in my opinion
death resulted from: Natural causes , Applicant , Sui	cide, Homicide, Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	
NAME (Type) John Kehoe, M.D. Riverdale, Md.		12-6-65
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Dec. 9-1965 Cedar Hill C		
24. FUNERAL DIRECTOR ADDRESS	0.70	
Simmons Brothers 1661- Good Hope Rd. S.E.	Wash. DEC 7 1965 Cliant	10

			ment forth
	maran ven. 1 w	o Carried and	
	A Pilo Ellin Alanta III		
	aution at sur		A SAME OF
	in tredition		
STATE OF THE STATE			
	ene fattus yeed		
	59 7 230 may		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIFIC	ATE	OF D	EATH

1	1. PLACE OF DEATH O. COUNTY GENERAL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence Defore admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and	c. CITY OR TOWN (If outside carporate limits, write) RURAL and give nearest town)
X	d. NAME OF HOSPITAL (If not in Mospital, give street oddress) OR INSTITUTION OF DURL (WELLE)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Will am	Teleppin of DEATH West 8 1965
	Neelle White WIDOWED DIVORCED	B. DATE OF WIRTH P. AGE (In years least building) B. DATE OF WIRTH P. AGE (In years least building) Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af work dane during mast of working life, even if retired) 10b. XIND OF BUSINESS OR INDUS 10c. XIND OF BUSINESS OR INDUS 1	1/.
	Showel Clark Hyppin	Jusy Bell Hudson
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of upthogonal (If yes, give wor or doles of service)	ND. Sandra Lewis 1301 Fulliewale willy
	PART I. DEATH Enter only one couse per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acelus in Suddley
	Canditions, if any, which gove rise to immediate cause (o), stoting the under-lying couse last. DUE TO Chu Deg Reg of Chicago Reg of Chicag	rearch to wit freg decomp. 12/7/601
	, (c)	NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
		D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL While Nat while of wark at work	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) ctary, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on	leath accurred of S.M., from the causes and an the date stated abave.
		M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME HYPOLIC Ard / Movse	7030 Carroll Ave Takoma Park Med
	23a. Marial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF SECULAR SECULAR SECULAR SECULAR SECURITIES SECURITIES SECULAR SECURITIES SEC	Hill. Sucland Merylana
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Judges

The server of the second serve

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15824 MEDICAL, EXAMINER'S CERTIFICATE OF DEATH

-8	Tom Bill 53 lm iff 5 //	17/7/161 100					
	1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before admission)				
1	Prince George's MARYLAND	Maryland Prince George's					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)				
1	Cheverly DOA	7608 Marlboro Pike					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Prince George General Hospital	Forestville	YES NO X				
1	3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year				
	(Type or print) Kathryn Marie	Folk DEATH 12 1/7/	7 19 65				
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 last birthday) Months E	YEAR IF UNDER 24 HRS.				
1	Female White WIDOWED DIVORCED	5 Nov. 1963 2 yrs.	, nours min.				
Ī	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT JNTRY?				
1	during most of working life, even if retired) INDUSTRY		.A.				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	Richard James Folk	Eleanor Florence Walsh					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address					
	(Yes, no, or unkown) (If yes give war or dates of service)	ichard J. Folk 7708 Marlboro Pik	ce				
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burns 40% of body surface						
1	4//_>	y var took					
4	Conditions, If any, which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Carbon dioxide and carbon					
1	gave rise to immediate (
	cause (a), stating the DUE TO underlying cause last.	monoxide					
	(0)	FLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING TO CAUSE OF DEATH. Trapped in bur CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I hour a.m. While While While While While Whom at work the twork I hom at work the two the		YES NO				
3	20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	LIES T HO [X]				
	PRIMARY Stor CONTRIBUTING TO CAUSE OF DEATH.						
	CAUSE OF DEATH. Trapped in bur	ming house	(04040)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I		ity) (State)				
,	Hour a.m. 12-7- 19 65 While Not While X Hom	ne Same as #2					
	21. I certify that I took charge of the remains described above,		and In my opinion				
		Suicide . Homicide . Undetermined manner					
		CHIEF MEDICAL EXAMINER					
	ACTUAL John / elot	ACCIONALIE MEDICAL EVALUATO	22. DATE SIGNED				
	SIGNATURE	M.D. ASSISIANI MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ST					
2	EXAMINER'S John/Kehoe, M.D. Riverdale, M.		2-8-65				
	23a. BURIAL CREMATION, V23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or cour	~ ~ ~ ~				
	23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12-10-65 Arlington		rginia				
	24 FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S					
	Wilhelm Funeral Home 4308 Suitland Rd S	and the land					
	Market	Taryland DEC 1 3 1965 Ithanks	1				

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MARYI AND	STATE	DEPARTMENT	OF HEALTH
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	TOOK	3 141	EDICAL	- EVAIAILIAEL	131	LKIIIIGAI	L UI	DEM			-	1760	1
)1.	PLACE OF DEAT a. COUNTY			MARVI	4410	2. USUAL RESIDEN		re deceased li	b. COUN				misslon)
	b. CITY OR TOV	Prince Geor	te limits.	c. LENGTH OF STAY		c. CITY OR TOWN (I		corporate	limits, wr	Ite RURA	L and giv	e nearest	t town)
	Suit	end give nearest tow	m)	DOA		7 7608 Mar	lbor	o Pike					
	d. NAME OF HO	SPITAL OR INSTITUTION	HIM-DE	ospital, give street ad	dress)	d. STREET ADDRESS						ON A F	DENCE ARM?
3.		Air Force Ba	ase Hos	Middle		Forestvil.	14. D	ĀTE	Monti	1	Day	Yea	
0.	DECEASED (Type or print)	Michae		Andrew	F	olk	0		12		7	19 6	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	1	9. AGE (In years	IE UNDER	R1 YEAR	IF UNDER	24 HRS.
	Male	White	WIDOWED		-	8 July 1957	,	plast D	irthday) i	Months	Days	Hours	Min.
10: du	a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (S	State or			12. 0	OUNTRY	OF WHAT	
						Washingt				1	J.S.A		
13	. FATHER'S NAM					14. MOTHER'S MAII			1				
	Richard	James Folk				Eleanor	Flor	ence w					
15 (Y	5. WAS DECEASED es. no. or unkown)	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.		INFORMANT			Addre		NY . 8		
,,	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11)			Ri	chard J. Fo	lk	7708	Marl	boro	Pike		
			-	line for (a), (b), and (c)	.]						INTE	RVAL BET	WEEN
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Bur	ns 35% of b	ody	surface					-		
	9160	DUE	то										
	Conditions, If		(b) and	Intoxicatio	n of	carbon dit	xide	and o	carbo	n			
	gave rise to cause (a), s		TO				n	nonoxi	le		0		
	underlying cau		(c)							D100041	1.0	14/40 411	TODAY
MEDICAL CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT N	OT RELA	TED TO THE TERMINAL	DISEASE	CONDITION	GIVEN IN	PARI 1(a)		WAS AU PERFORI	
ERTIFIC	20a. EXTERNA PRIMARY TO OF	AL CAUSE WAS CONTRIBUTING TH.		DESCRIBE HOW INJUR				In Part I or	Part II o	of Item 1	8.)		
AL C		INJURY Month, Day,	Year 20d	rapped in by	On PLAC	ng house.	arm. 2	Of. (City o	r town)	(CC	ounty)	(S	State)
000		.m. 12-7- 19			tactor	y, street, onice blag.,	etc.)						
ME					Hor			Same a		in [ond	In my	oninion
1			_	nains described abo				ection x	ermined	iry X		in my	obilition
	death resul	ted from: Natura	causes	Accident k.	Suid	cide, Homic			ermmeu	manner			
	ACTUAL	11-1	10/1	0 6		M.D. ASSISTANT MI					22	DATES	SIGNED
	SIGNATURE	JYV.	11	011		M.D. DEPUTY MEDI							
	EXAMINER'S	John Kehoe,	M.D.	Riverdale,	Md.			-	unty)		12-8	3-65	
23	2 RIIDIAL CDE	MATION V 23h DATE	THEREOF	23c. NAME OF CE				. LOCATION		own or co	ounty)	(St	ate)
	REMOVAL (SI	pecify) 12-10		Arlington	Nat	ional Cemet	ery		ingto		Vin	gini	a
2		/		ADDRESS	1 0	25a. RI	EC'D BY	REGISTRAR	25b. R	EGISTRA	R'S SIGN	ATURE	
W	ilhelm F	uneral Home	4308	Suitland Ro	Mai	ryland DEC	13	1965	geli	arla	Jus	ige.	

Ele Wood Connied TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 april with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15826 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE DF DEATH	1			2	USUAL RESIDEN	CE (Where	e deceased lived, If in		sidence	before ad	mission)
	Pri	nce George	Is	MARYLAN	D	Marvla	and		ince G	eore	els	
	b. CITY OR TOW	N (If outside corporat and give nearest tow	e limits.	c. LENGTH OF STAY IN				corporate limits, v	vrite RURAL	and give	neares	t town)
	Suitlan	ıd		DOA	12	[Forestvi]	lle					
			N (If not In	hospital, give street addre	ess) d	STREET ADDRESS				θ.	IS RES	DENCE ARM?
Ar	drews Ai	r Force Bas	se Hos	pital		7608 Mar]	Lboro	Pike		Y	ES 📗	ND 3
3.	NAME DF		rst	Middle		Last		TE Mon	th	Day	Yea	r
	(Type or print)	Richar	d	James	Foll		DF DE	ATH]	2	7		65
5.	SEX	6. COLOR OR RACE			8.	DATE OF BIRTH		9. AGE (In years last birthday		Days	Hours	Min.
	ale	White	WIDOWE			Oct. 1961		L yrs.				
1Da dur	. USUAL OCCUPAT ing most of work	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY	1	1. BIRTHPLACE (S		oreign country)	12. 01	UNTRY 1	FWHAT	
13.	FATHER'S NAM	E			14	. MOTHER'S MAII	DEN NAM	E				
	Richard	James Folk				Eleanor Fl	loren	ce Walsh				
15.	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 1	6. SOCIAL SECURITY NO.	17. INF	DRMANT		Addr	ess			
(Ye	s, no, or unkown)	(If yes give war or dates o	f service)		Richa	ard J. Fol	lk	7708 Mar	lboro l	Pike		
				r line for (a), (b), and (c).]						INTER	VAL BET	WEEN
	PART I. DE	ATH WAS CAUSED BY	(a) Into	xication of c	arbo	n dioxide	and	carbon	300	ONSE	I AND L	LACIN
	9160						mone	oxide				
	Conditions, If						morre	DYTHE	100			
A.	gave rise to	Immediate /	(b)									
	cause (a), st		то									
	underlying caus		(c)				DISTANCE	O CALL THE OWNER OF THE PARTY O	SUDART 14-V	140	11/50 51	TODAY
MEDICAL CERTIFICATION	PART II. OTHER S	SIGNIFICANTCONDITIO	ONS CONTRI	BUTING TO DEATH BUT NOT	RELATED	TO THE TERMINAL	DISEASE	CONDITION GIVEN I	NPARI I(a)		WAS AU PERFOR	MED?
RTIFIC	2Da. EXTERNAL PRIMARY STORY	CAUSE WAS CONTRIBUTING	2Db.	DESCRIBE HOW INJURY	OCCURRE	D. (Enter nature o	of Injury	In Part or Part	of Item 18.)		
3			1	rapped in bur	ning	house						
CAI		INJURY Month, Day,		A 4	PLACE	DF INJURY (Home, f treet, office bldg., c	farm, 20	of. (City or town)	(Cou	nty)	(5	State)
0	Hour a.n	n. 72-7- 19	65 at W	le Not While ork at work	Home		0.00,	Same as #	12			
2				emains described above,			Inspe		ulry x,	and	in my	opinion
	death result	ed from: Natural	causes [Accident k.	Suicid	e 🔲, Homic	ide 🗌	, Undetermine	d manner			
	Control of the Control	11/		19 //	Q	CHIEF MEDICA	AL EXAMI	NER				
	ACTUAL SIGNATURE	ph	2	left		ASSISTANT ME				22.	DATE S	SIGNED
	EXAMINER'S	John Kehoe,	MD	Riverdale,	Md.	DEPUTY MEDI				12-	8-65	
22.		1		23c. NAME OF CEME				own, or county) LOCATION (City,	town or cou		_	tate)
238	BURIAL, CREM	eclfy) /								. "		
	Burial	/ 12-10-		Arlington				rlington		irgi		
24 W 1	Inelm Fu	peral Home	4308	Suitland Rd	Suit	land	EC'D BY R	1965 PC	Lanle			

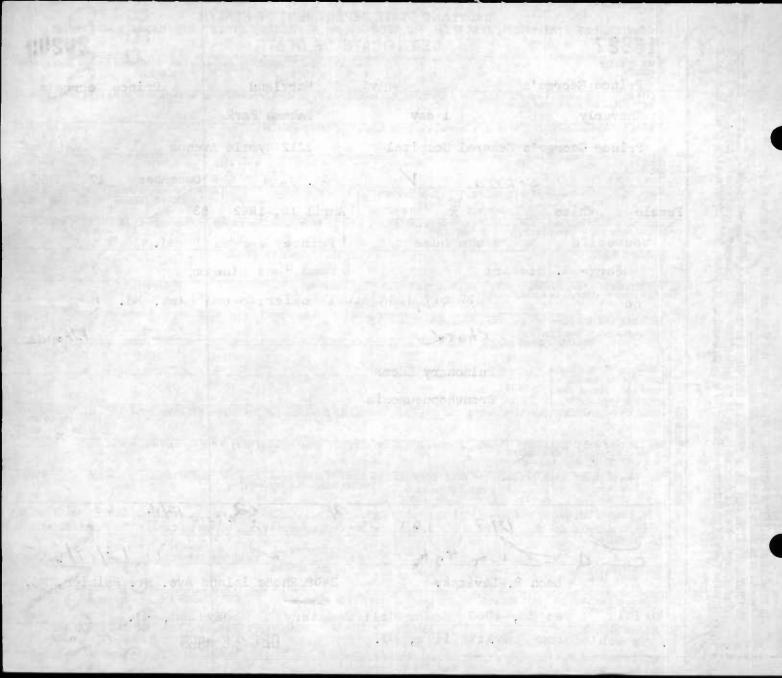
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16827 CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE ((Where deceased lived, If institution: Robb. COUNTY	esidence before admission)
	Prince George's	MARYLAND			Cooperate
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	tside corporate limits, write RURAL	and give nearest town)
	Cheverly	l day	X Takoma Pa	ark	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADORESS		e. IS RESIDENCE ON A FARM?
	Prince George's General	l Hospital	1212 Myrt	tle Avenue	YES NO E
3.	NAME OF First	Middle	Last 4	. OATE Month	Day Year
	DECEASED (Type or print) Bertha	V	Fowler	OF DEATH December	17 1965
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
Fe	male White WIDOWED	DIVORCED _	April 18, 188	82 83 yrs.	
10a dur	ing most of working life, even if retired)	IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (Count		TIZEN OF WHAT OUNTRY?
		n home	Prince Geor	rges Md. U	S A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	George G. Stewart		Emma Jane 1	Binnix	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Ye	s, no, or unkown) (If yes give war or dates of service) 57	7 017 423A Eti	nel Fowler Te	okoma Park, Md.	
	18. CAUSE OF DEATH [Enter only one cause per l	Ine for (a), (b), and (c).]	***************************************		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UCK			ONSET AND DEATH
	IMMEDIATE CAUSE (a)	300			- TO OCALL
	771X OUE TO				
	Conditions, if any, which) (b) Pulm	nonary Edema			
	gave rise to immediate (cause (a), stating the DUE TO				
	cause (a), stating the	chopneumonia			
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
AT					PERFORMED?
FIC					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of In	Jury in Part I or Part II of Item 18.	.)
AL.	20c. TIME OF INJURY Month, Day, Year 20d.	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	.l 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. While	facto	ry, street, office bldg., etc.)	(0.0)	
ME	p.m. 19 at wor	k at work			
	21. I certify that (I) (this hospital) attend	ed the deceased from	12/ 196	3 to 13/14, 196	5, that (I) (we) last
	saw the deceased alive on 12/17		death occurred at/2	M, from the causes and on t	he date stated above.
	22a. (SIGNATURE				ATE SIGNED
	711	unt - M.C	ATTENOING MEI	D. STAFF PHYS. 12	107/15
	22c. PHYSICIAN'S	MIT WIT	22d. AOORESS	ECTOR - PHIS	11/4
	NAME (Type) Leon R. Levi	tskv		Island Ave. Mt. Ra	inier. Md.
=				23d. LOCATION (City, town or cou	
238	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER			unity) (State)
_		Cedar Hill		Suitland, Md.	IO OLONIATURE
24	. FUNERAL DIRECTOR . Ga sch's Sons Hyatts	sville, Md.	25a. REC'D	BY REGISTRAR 25b. REGISTRAR	es Judge
1 L	. da sen s -ons nyaco.	J. 12220 ; 4.	OATEC	22 1965 Jeliane	as freeze



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Maryland Prince George's MARYLAND Prince George's Department death. b. CITY OR TOWN (if outside corporate limits, a. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rainier Cheverly davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Prince George General Hospital Varnum Street hours after 3. NAME OF 4. DATE Day Year Middle Month OF DECEASED DEATH (Type or print) 19 65 Scot Fralic Margaret Rattrav may b 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months Days WIDOWED DIVORCED T 4-21-1894 Female 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign sountry) done during most of working life, even if retired) US CLERK SERVICE SCOTLAND event RETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STEPHEN MARY SMITH ARTHUR or removal, and in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 生り W. BURCHER BROWN permit. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Laceration of brain 4 days IMMEDIATE CAUSE (a) **DUE TO** 4 days Skull fracture Conditions, if any, which (b) cremation, gave rise to immediate cause Medical Examiner's should be used as a DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION burial PERFORMED? YES NO V 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 2 PRIMARY OF CONTRIBUTING arded to the Chief Marded to the Chief Marded to the Chief Marded agent, prior is CAUSE OF DEATH. Fell down steps at home MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year (Stata) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While at work at work Same as 2-18- 19 65 ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy , Inquiry x Inspection K and in my opinion designated Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE \$ TO DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S Kehoe, M.D. Riverdale, Md. NAME (Type) John 4 should to FUNI Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION. 228. (State) DATE THEREOF REMOVAL (Specify) RIADENGBORG. REMATIO 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DI a. COUNTY	Prince Geo	rge's	MARY	LAND	2. USUAL RESIDEN a. STATE Md		rince b. COU		idence before ac	lmission)
b. CITY OR T write RU Lanham	TOWN (if outside corporat RAL and give nearest town	e limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (III			rite RURAL a	nd give neares	t town)
	HOSPITAL OR INSTITUTIO	23-12-11-12	spit al, give street ad	ddress)	d. STREET ADDRESS 2101 Amh		Road		e. IS RES ON A F	IDENCE FARM? NO A
3. NAME OF DECEASED (Type or prin		y	Middle M.		Last ance	4. DATE	rh Dec	24,	Day Yea	65
female	6. COLOR OR RACE white	WIDOWED	DIVORCE		DATE OF BIRTH		9. AGE (In years last birthday) 82 yrs.	Months D	Days Hours	Min.
during most of w	PATION (Give kind of work of orking life, even If retired OUSEWIFE) INI	ND OF BUSINESS OR DUSTRY 1 home		Pennsyl 14. MOTHER'S MAII	vania			IZEN OF WHAT INTRY? S A	
	John Wat	son		9-1	Matild	a Cla	rk			
	ED EVER IN U.S. ARMED FO n) (If yes give war or dates of		OCIAL SECURITYNO		NFORMANT vard Sparr	ough	Addre Lewisdal	The second second	•	
Conditions, gave rise cause (a), underlying (stating the DUE	(b) (c)	ngkshv.	len	tie he	fail	me disan	دے	Boy	12
ICAT	ER SIGNIFICANT CONDITION PROCESSION OF THE SIGNIFICANT WAS UNDERLYING THE SIGNIFICANT OF	アア	nelaro	me	ED TO THE TERMINAL RED. (Enter nature o				19. WAS AU PERFOR YES	NO NO
20c. TIME Hour	OF INJURY Month, Day, 1 a.m. 19	ear 20d. IN. While at work	Not While		E OF INJURY (Home, for, street, office bldg., e		(City or town)	(Coun	ty) (5	State)
saw the 22a. SIGM	descused anve on	itall attended			ATTENDING PHYS.	MED. DIRECTOR		and on the	that (I) (ve date stated FE SIGNED / 2 // 4	
23a. BURIAL, C REMOVAL Buria	REMATION, 23b. DATE T (Specify) Dec 28	HEREOF			emetery	W	LOCATION (City, t	n D C		a(e)
24. FUNERAL I	Gasch's S	ens, 16	4 address	Ce, M	DE C		965 25b. F	egistrar's	SIGNATURE	

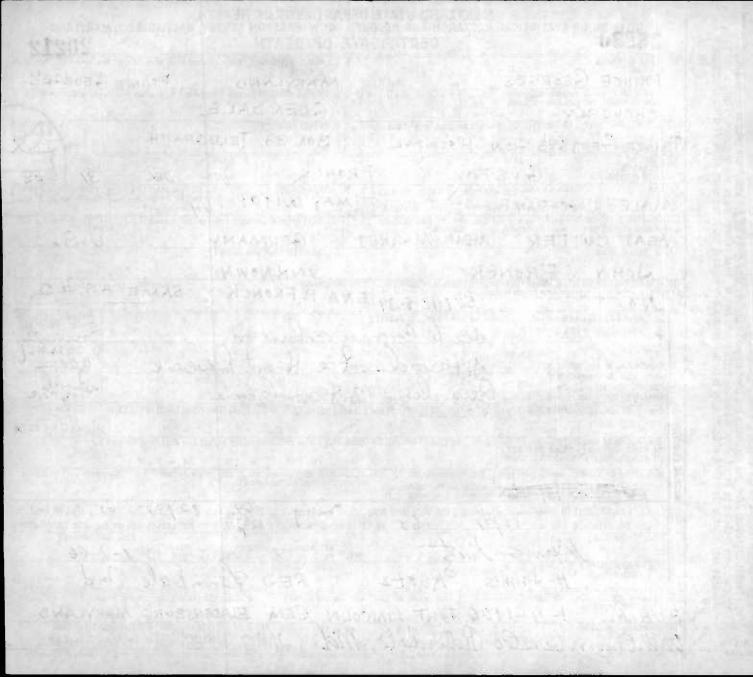
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		1.100	Way the	The second	

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

V	OEKIII IOAI	L OI BERIII	
)	1. PLACE OF DEATH a. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis a. STATE b. COUNTY PRINCE (FEORGE'S	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDE	
7	PRINCE GEORGES GEN HOSPITAL	BOX 33 ELEGRAPH YES NO	X
	3. NAME DF DECEASED (Type or print) First Middle FR	Last 4. DATE Month Day Year DF DEATH DEC 3/ 1965	5
		8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Months Days Hours Ho	HRS Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
l	MEAT CUTTER MEAT MARKET 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JOHN FRONCK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17.	INFORMANT Address A C 44	
-		VA P. FRONCK SALME AS, #2	,
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWI	TH
	420 DUE TO	of others minute	1
	Conditions, If any, which gave rise to immediate (b)	the Heart Stease years	-
	cause (a), stating the DUE TO Generalized. A	Acroseleosis sigues	
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORME	
,	ZDA. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
		(CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stater, office bidg., etc.)	(e)
İ	21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 23M, from the causes and on the date stated at	las
	22a. SIGNATURE Sums Sunt M.C.	ATTENDING MED. STAFF 22b. DATE SIGNED D. PHYS. PHYS. 1-1-66	A
	22c. PHYSICIAN'S H. James Kurtz	RFD glan Dale Ind	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
()	24. FUNERAL DIRECTOR 4 DORESS W. W. Chambers Go Riverdale, 9	Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE N 7 1966 Plisales Judge	

VR A15 (4) 15M 4-64



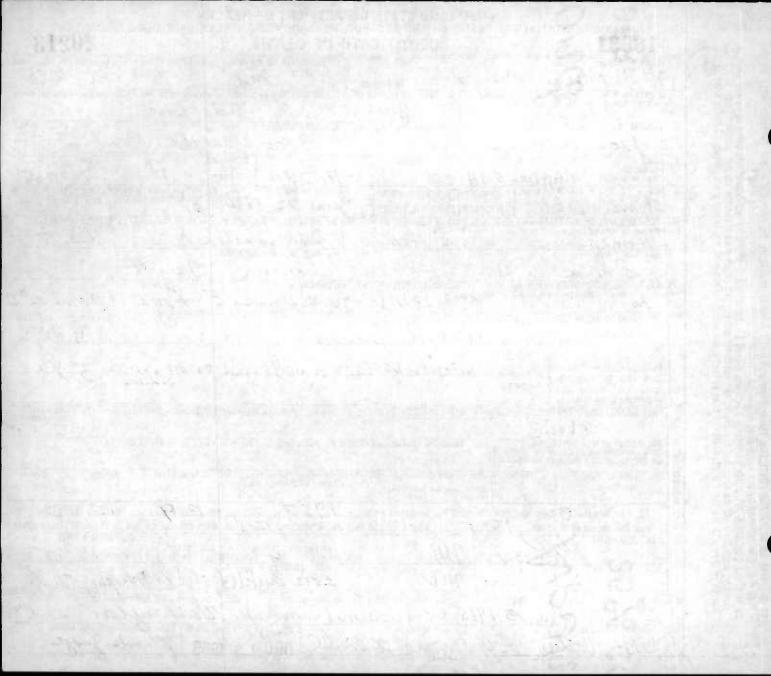
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence hefere admission)
	a. COUNTY Prince Beorges MARYLAND	a. STATE ML b. COUNTY	h. Bw.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d, STREET ADDRESS	e. IS RESIDENCE
	9100 adelphi Roal	9100 adelphi Roas	ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type or print) MAGDALENA G	Last 4. DATE Month OF DEATH 12	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Science 22 1884 9. AGE (In years IFUNDER 1 Months M	Days Hours Min.
10a dui	a. USUAL OCCUPATION (Give kind of workdone ing most of working life, even if retired) Asmember Asmember	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	es. no. or unkown) (If yes give war or dates of service)	INFORMANT Siddress	a H
	Nu 1379 28/11/2/01	W. Rosimary E. Roys (come at 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Yuran	whosis	ONSET AND DEATH
	Conditions is any which DUE TO NATIONAL 4	hones tousing cardio was for	rvs.
	gave rise to immediate cause (a), stating the underlying cause last. (b)	Ohelane	2/
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
ME	p.m. 19 at work at work	1853 - 12-68	J
	21. I certify that (IV) (this hospital) attended the deceased from saw the deceased alive on 12 5 1965, and that	t death occurred at PM, from the causes and on the	, that (1) (we) last e date stated above
	22a. SIGNATURE SABAMEN M.D. M.D.	ATTENDING TO MED. STAFF 77	TE SIGNED
	22c. PHYSICIAN'S R.D. Bauer, MD	2513 Bucklodge RV. ANELAN	i, me.
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or country Warning Wo	nty) ((State)
124	FUNERAL DIRECTOR APPRESS	1110 1 101 1	SIGNATURE
1	BULKUM MOUND 754 CAURAL WENT	DEC 1 3 1965 / Charles	1

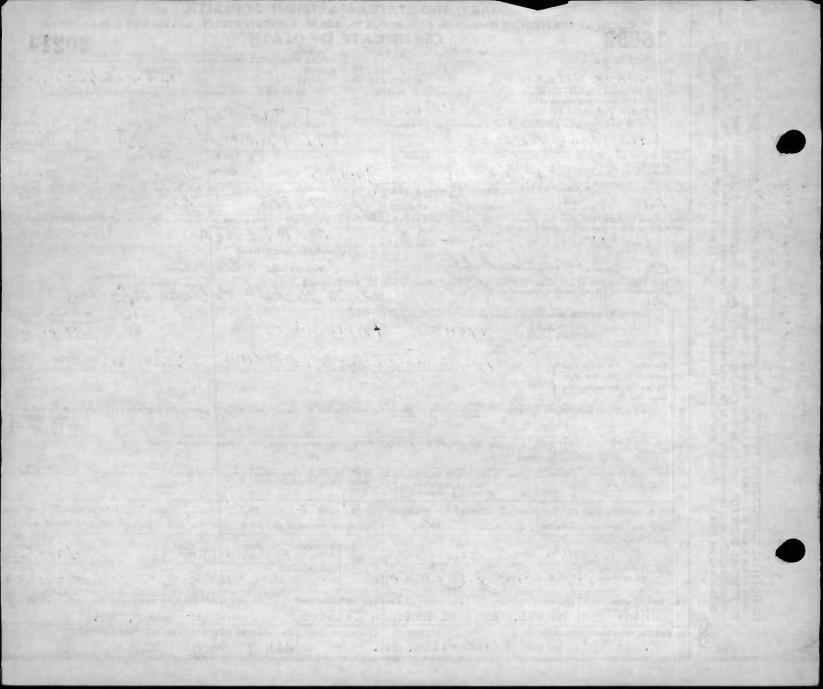
VR A15 (4) 15M 4-64

Page 4 may be retained by the hospitar of accreming physician and banaretely filled in by the funeral TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and banaretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY COUNTY novie eonaxs MARYLAND b. CITY OR TOWN (if outside corporete limit c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and dive nearest town) write RURAL end give neerest town UTTAGE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) IS RESIDENCE d. STREET ADDRES ON A FARM? NO A DATE 3. NAME OF Middle Month Dey DECEASED OF (Type or print) DEATH 1965 5. SEX 6. COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH MARRIED THEVER MARRIED last birthday) Months WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAD (Yes, no, or winkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OMIN IMMEDIATE CAUSE (a) DUE TO Eu-Tic HEARI Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 98 9 CERTIFICATION PERFORMED? use prior YES NO F 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) Month, Day, Year ō While Not While factory, streat, office bldg., etc.) Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from June 2. should State M, from the causes and on the date stated above.1962, and that death occurred at 2 saw the deceased alive on ... 22e, SIGNATURE 22b. DATE ATTENDING death. Page 4 rector, page PHYS. PHYS. HOSPITA M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 0.58 REMOVAL (Specify) Ft Lincoln Cemetery Dec 1965 Colmar Manor, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Gasch's Sons Hyattsville. Md. VR A1S (4) 20M 5-63



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in 349 event, within 72 hours after death.

	DIVISIO	N OF STATISTI		RYLAND STATE EARCH AND RECO	RDS,	301 W. PRESTO			MORE 1,	MARYL	AND
411	0033		T+	CERTIFIC	ATE	OF DEATH	00			302	15
1.		rince GEorg		MARYLAN	ND		yland	b. C	OUNTY Pr	ince	George's
		N (If outside corpora and give pearest to neverly		c. LENGTH OF STAY IN 1 day		c. CITY OR TOWN (If		orporate limits	, write RURA	L and giv	e nearest town)
				hospital, give street addreral Hospital	ress)	d. STREET ADDRESS 9103 Mal.	lace	Road			ON A FARM?
3.	NAME DF DECEASED (Type or print)	Ear	irst 1	Middle		Last Gatewood	4. DAT DF DEA	D-	onth cember	Day 4	Year 19 65
	Male Male	6. COLOR OR RACE Colored	WIDOWE		3 8.	6/11/02		63 yrs	Months	Days	Hours Min.
	IN USUAL OCCUPATION MOST OF WORK Engine FATHER'S NAM		done 10b.	kind of Business or INDUSTRY bster Colle	ege	Madiso:	n, V		(OUNTRY	?
10.). Gatewo	bo			Mary E.		lover			
15 (Ye	. WAS DECEASED	EVER INU.S. ARMED FO (If yes give war or dates None	ORCES? 1	6. SOCIAL SECURITY NO.		NFORMANT a Gatewoo	9	103 WA	Tace	Ros	id id
		ATH WAS CAUSED BY IMMEDIATE CAUSE DUE any, which Immediate tating the DUE	(a) TO (b)/	Ve Cyris	0	1 long	ck la	J. I.	testi.		RVAL BETWEEN ET AND DEATH
MEDICAL CERTIFICATION		WAS UNDERLYING ON DEFINITION OF THE PROPERTY O	ONSCONTRI	BUTING TO DEATH BUT NOT DESCRIBE HOW INJURY						YE	WAS AUTDPSY PERFORMED? S NO
MEDICAL	20c. TIME OF Hour a.m		Year 20d. Whi at w	le - Not While -	PLAC factor	E OF INJURY (Home, fa y, street, office bldg., et	rm, 20f.	. (City or town	n) (Co	ounty)	(State)
		ceased alive on	2-4 an	adr, M.D.		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	from the caus	ses and on	the date	GNED 45
24	Buried	12-7	THEREOF	Harmony Address			k Pr	ince G			(State)

VR A15 (4) 15M 4-64 gevoltor is great THE REPORT OF THE PROPERTY OF THE PARTY OF T

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending thysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after death 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

OEKTII TOAT	2.112.116
1. PLACE DF DEATH a, CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
PRINCE GEORGE'S MARYLAND	a. STATE VIRGINIA b. COUNTY
b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
ANDREWS AFB 1 Month	ARLINGTON 831.3
d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
US AIR FORCE HOSPITAL	840 S DICKERSON ST YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) OUIDA KNIGHT	OF
	8. DATE OF BIRTH 19. AGE (In years IF IINDER 1 YEAR IF IINDER 24 HRS.
THE REAL PROPERTY OF THE PROPE	last birthday) Months Days Hours Min.
FEMALE CAUC WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	21 APRIL 21 44 yrs.
during most of working life, even if retired) INDUSTRY	COUNTRY?
HOUSEWIFE at heme	GEORGIA USA
CARL L KNIGHT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	JULIA BROOKS INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cacalina Ures	Immediate
4330 DUE TO	
Conditions, if any, which (b) Unknown (c)	ause -
cause (a), stating the DUE TO	
underlying cause last. (c)	WAS SUITORS.
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
E Curposes of were with a	scrites and Lastro Intental Como YEST NO [
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL OF THE CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLI Hour a.m. While at work Not While at work at work	pry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	new 18, 1965, to Dec 19, 1965, that (1) (we) last
saw the deceased alive on Dac 19 1965 and the	t death pocurred at 1155 P.M., from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Wreigh & miller Part USAF MO	D. ATTENDING MED. MED. STAFF PHYS. D Wec 18 65
22c. PHYSICIAN'S	22d. ADDRESS
DAVIDO S MILLER, CAPT, US AF, M	C USAF HOSP ANDREWS AFB MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Qurial 12.22-65 wergele	n Cometer dumpter South Carolina
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ne. w. Chambers 6. duc. 517-11- A	4. d OFC 27 1965 Charles July

atsus Thomas			25.0
	ASHTOTEC		famous cardina
			CADED FA PE
	COLUMN TO THE		
	TELL MESTA 184-1		
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	Baddso walde		Male and L. Jako
Shirt to a		11-112-818	
The state of the s			a short
		TA, IV . TEO . F32	III e Tavas
	MINISTER OF STREET		
	86/ t usn 2		

			4			200
executed	within	24	hours	after	death.	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE 1, MARYLAND
16835	CERTIFICATE OF DEATH	2021

DECEASED (Type or print) Bernard George & DEATH December S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YE Inst birthday) Inst birthday Nonthis Day Nonthis Nonthis Day Nonthis Day Nonthis Day Nonthis Day Nonthis Day Nonthis Day Nonthis Nonthis Day	
b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital 3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	ange !s
Prince George's General Hospital 3. NAME OF DECEASED (Type or print) Bernard 6. COLOR OR RACE Middle White WIDOWED \$\frac{\text{T}}{2}\$ DIVORCED Feb. 28, 1878 102. USUAL OCCUPATION (Give kind of work dome during most a f working life, even if retired) NOUSTRY Ret. Frescoer and Decorator 13. FATHER'S NAME Frederick H. George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) DUE TO Conditions, If any, which gave rise to immediate DUE TO Conditions, If any, which gave rise to immediate Proceeds A DATE Of BIRTH S. DATE OF BIRTH P. AGE (In years IF UNDER 1YE Months Day 10. AGE (In years) B. DATE OF BIRTH P. AGE (In years) IF UNDER 1YE Months Day Months Day 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ COUNT Mary Land 14. MOTHER'S MAIDEN NAME Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) DUE TO Conditions, If any, which gave rise to immediate DUE TO Conditions, If any, which gave rise to immediate	give nearest town)
Prince George's General Hospital 3. NAME OF DECEASED (Type or print) Bernard 6. COLOR OR RACE Middle White WIDOWED \$\frac{\text{T}}{2}\$ DIVORCED Feb. 28, 1878 102. USUAL OCCUPATION (Give kind of work dome during most a f working life, even if retired) NOUSTRY Ret. Frescoer and Decorator 13. FATHER'S NAME Frederick H. George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) DUE TO Conditions, If any, which gave rise to immediate DUE TO Conditions, If any, which gave rise to immediate Proceeds A DATE Of BIRTH S. DATE OF BIRTH P. AGE (In years IF UNDER 1YE Months Day 10. AGE (In years) B. DATE OF BIRTH P. AGE (In years) IF UNDER 1YE Months Day Months Day 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ COUNT Mary Land 14. MOTHER'S MAIDEN NAME Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) DUE TO Conditions, If any, which gave rise to immediate DUE TO Conditions, If any, which gave rise to immediate	
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Male Wilte Wilder Divorced Feb. 28, 1878 87 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired) (NDUSTRY INDUSTRY) 12. CITIZ COUNTY 13. FATHER'S NAME Trederick H. George 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate) DUE TO Conditions, if any, which gave rise to immediate	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate (b) Conditions of the condition of the con	Section 19 1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate (b) Cerebral attendances	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate (b)	NTERVAL BETWEEN
Conditions, if any, which gave rise to immediate (b) Cerebral anterior salons ses	MSEI AND DEATH
Conditions, if any, which gave rise to immediate (b)	
gave rise to immediate (
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3 doubt pyelmepolitic certain	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)	
	(State)
footony street office bldg sto	(0
21. I certify that (IV (this hospital) attended the deceased from Dec. 5 , 1965, to Dec. 6 , 1965,	
saw the deceased alive on Dec. 6 19 65, and that death occurred at 2:00M, from the causes and on the causes are caused at the causes and on the causes are caused at the caused at t	
M.D. ATTENDING MED. STAFF XX 6 Dec.	
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) Don B. Cameron, M.D. 3503 Perry St. Mt. Rainier, Md	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) 1.3. 1.0. 5.5.) (State)
burial 12-10-95 Holy Redeemed Cem. Baltimore, Md.	
24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S S	()
Leonard J. Ruck Inc Baltimore, Md. DATE DEG ? 1985 golden	Just

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	16531			CERTIFICA	ATE	OF DEATH	1			11218
)	PLACE OF DEATH	Georges		MARYLAN	D 2	a. STATE Maryla		b. COUNTY		e before admission)
	b. CITY OR TOW!	N (if outside corpora	te limits,	c. LENGTH OF STAY IN				porate limits, write Ri		
	Riverd	and give nearest tow	n)	2 who	1	Hvatts	ville			
			N (if not in I	hospital, give street addre	ess) d	. STREET ADDRESS			1	e. IS RESIDENCE ON A FARM?
	Eugene	Leland Me	morial	Hospital	1	6902	43rd A	venue		YES NO X
3.	NAME DF		rst	Middle		Last	4. DATE	Month	Day	Year
	(Type or print)	Mar	garet	A.		Gibbons	DEATH	12-	8-	. 19 65
5.	SEX	6. COLOR OR RACE	7. MARRIED] 8.	DATE OF BIRTH	9.	AGE (In years IF Ut		Hours Min.
]	Female	White	WIDOWED	DIVORCED _] [8-11-91		74 yrs.	uis Days	110u1s IMIII.
10a dur	. USUAL OCCUPAT	ION (Give kind of work ng life, even If retire	done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C	ounty & State,	or foreign country)	L2. CITIZEN COUNTRY	
H	ouse 1	wife		in bome		Mass.			U	. S.
13.	FATHER'S NAM	¥			1	4. MOTHER'S MAIL	DEN NAME	A A	0	
		Fitzgeral				nary A	Sm	all com	6	
		VER IN U.S. ARMED FO (If yes give war or dates of		S. SOCIAL SECURITY NO.	17. IN	FDRMANT		Address		
	no				Me	edical Rec	ord/ d	aughter in		
	200			line for (a), (b), and (c).]		+ 11-00	- 00	recertes	ONS	ERVAL BETWEEN SET AND DEATH
Н	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) AC	UTE CHOLECY	5711	71 + HEPAT			3	DAUS
	384	DUE	-				JAUND		2	WKS
	Cenditions, If		(b) 15/4	1.7RV 005	TRUC	TON BY	CA	LCULI		
	cause (a), st	ating the DUE	TO						3.3	
N	underlying caus		(C)	BUTING TO DEATH BUT NOT	DEI ATEI	TO THE TERMINAL	DISEASECON	DITION GIVEN IN PART	[1(a) 119.	WAS AUTOPSY
CATIO	PARTITIO THER S	IGNIFICANT CONDITI	3611						YE	PERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCURR	ED. (Enter nature o	f injury in P	art I or Part II of Ite	m 18.)	
		NJURY Month, Day,	Year 20d.	INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, fastreet, office bldg., e		(City or town)	(County)	(State)
MEDICAL	Hour a.m		While at wo	e Not while	actory,	street, onice bidg., t	-			
	21. I certif	y that (I) (this hos	pital) atten	ded the deceased from				8 DEC.		
	saw the dec	ceased alive on	8 DE	C 19 (1, and	that d	eath occurred at_	120 PM, fr	om the causes and		
	22a. SIGNATUR	RE 1 3		,		ATTENDING 5	MED.	STAFF -	b. DATE SI	. 1.3
			luna	un	M.D.	PHYS. V	DIRECTOR	PHYS.	8 DEC	1163
	22c. PHYSICIA NAME (T)		oumann	, M. D.		11-0-	eensbu	ry Road, Ri	iverda.	le, Md.
238			THEREOF	23c. NAME OF CEME	1 0	-4	23d. L0	CATION (City, town	or county)	(State)
1	3 removal (spe	12-11	-65	Intoleve	r Ce	metery	Was	hunghon	+	1, 6.
24	. FUNERAL DIRE	CTOR A . O		ADDRESS	. (250 RE		STRAR 256. REGIS		NATURE
1 -	J. Da	schs Son	s H	yattsville,	md	date	16 18	165 Julian	and has	

VR AI5 (4) 20M 1/65

House Vista Ounthoose Questioned & post Carl Manne CD Verse Tarrest THE WORLD SHE THE STATE OF THE S A STATE OF THE STA Viculation 377 by . The semiconomic district and the semiconomic state of the semiconomic Burney 12-11-65 hy oberet Comiting Workington I do to the first whether the second will be the second within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed

MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEFARINGER OF DEATH 31 AAA 19

11 1000 100 40 14								and the same	4/
1. PEACE OF DEATH a. COUNTY				2. USUAL RESIDER	NCE (Where deceased	lived, If insti		ience before a	dmission)
Prince Co	02000		MARYLANO			b. COUNT		17	
b. CITY DR TOWN write RURAL a	orges (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1		If outside corporat	e limits, writ	e RURAL and	d give neare	st town)
	le (rural)		mo. 25 dvs	Washi	natan	47	x-3		
d. NAME OF HOSE	PITAL OR INSTITUTIO	N (if not In hos	spital, give street address	d. STREET ADDRES	sug con			e. IS RES	IDENCE FARM?
Glenn Dale					Island A		E.		NO .
3. NAME OF DECEASED (Type or print)		rst	Middle	Last Gibson	4. DATE OF DEATH	Month	1	Day Ye	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGI	(in years I birthday)	FUNDER 1 Y	FAR HE LINDE	R 24 HRS.
Female	Negro	WIDOWEO	OIVORCED	7/6/1889	76	yrs.	nonths Da	ys Hours	Min.
10a. USUAL OCCUPATION of working most of working	ON (Give kind of work	done 10b. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fo	reign country)	12. CITIZ	ZEN OF WHA	ſ
Laundry			undry	Alexander	Co Vira	inia	US		
13. FATHER'S NAME		1 24	unuly	14. MOTHER'S MA	IDEN NAME	TIITG	1 00	18	
Thomas	Handy			Hannah R	hodes				
15. WAS DECEASED ET	YER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 1	7. INFORMANT		Address			
(Yes, no, or unkown)	It yes give war or dates o	the second second	2020	Doodont					
	FATU (Enter only on		none e for (a), (b), and (c).1	Decedent			1.1	NTERVAL BE	TWEEN
	TH WAS CAUSED BY		e 101 (a), (b), and (c).]					ONSET AND	OEATH
PARI I. DEA	IMMEDIATE CAUSE		estive heart	failure				unkno	wn_
442	X DUE	TO							
Conditions, If a			rtangive car	diovascular	disassa			unkno	T-TTO
gave rise to		- L						unione	WII
cause (a), sta		io arte	riolar nepni	oscleosis wi	th renal				
		(c) fail	ure		DIAFAGE GOUDING	NAIVEN IN B	ADT 1/a)	19. WAS AL	Wn
Dulmonar				ELATED TO THE TERMINAL nephritis, g			AKI I(a)	PERFOR	MED?
grterios	clerosis	0010,2	nronic pyere	mephilities, 8	eneralize	a		YES V	NO 🗌
20a ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	SCRIBE HOW INJURY OF	CCURRED. (Enter nature	of Injury In Part I	or Part II of	Item 18.)		
			JURY OCCURRED 20e. I	NACE OF INITION (Home	farm, 20f. (City	or town)	(County	1)	State)
Hour a.m.	IJURY Month, Oay,		fa	LACE OF INJURY (Home, ctory, street, office bldg.,	etc.)	or town)	(County	()	state)
ZOC. TIME OF IN Hour a.m. p.m		While at work	Not While at work		The Williams				
21. I certify	that (I) (this hosp	oital) attended	d the deceased from_	Oct. 29	1965 to De	c. 15	, 1965	, that (I) (v	ve) last
saw the dece	eased alive on D	ec. 15	19 65 , and t	hat death occurred at	M, from t	ne causes a	nd on the	date stated	above.
22a. SIGNATURI		11 4.					22b. DATE	SIGNED	
	vure	Was	2	W.D. PHYS.	MED. DIRECTOR	TAFF HYS.	12/15	/65	
22c. PHYSICIAN NAME (Typ		s. M. D		22d. ADDRESS	Glenn Da Glenn Da				
23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATI	ON (CIty, tow	n or count	y) (S	tate)
Burlal	12-21-	1965	Arlington N	ational	Arli	igton,	Virgin	nia	
24. FUNERAL DIREC			ADDRESS		EC'D BY REGISTRA	25b. REC	ISTRAR'S S	IGNATURE	
Malvan	+ Selve	4.2m	424-R	好h,心 DEC	2 0 1965	face	erlin &	udge	

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hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH			3/1	9211
1 -	. PLACE OF DEATH			2. USUAL RESIDENCE	E (Where deceased	lived. If institution:	Residence before	admission)
ı	a. COUNTY			a. STATE		b. COUNTY		
	Prince	Georges	MARYLAND	Maryla	nd	Prince	Georges	
	 CITY OR TOWN (If outside c write RURAL and give near 	orporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		limits, write RUR	AL and give nea	rest town)
			0 1	Y	11/11			
	d. NAME OF HOSPITAL OR INST	IV	3 days		er Hills		la le F	ECIDENCE
	d. MARIE OF HOSPITAL OR INST	I II I I I I I I I I I I I I I I I I I	ospital, give street address)	d. STREET ADDRESS			ON ON	A FARM?
	Prince Georges (General Hos	snital	7105 W	ebster St		YES	
3	. NAME OF	First	Middle	Last	4. DATE	Month	Day	Year
	DECEASED		middio		OF	Dec.,	27	
_	(Type or print)	Bertha	Н	Godfrey	DEATH	Mar.		965
5.	SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF OND) birthday) Months	ER 1 YEAR IF UN	
F	emalw White	WIDOWED	DIVORCED	14 Mar., /8	787 78		Days Hou	irs Min.
	USUAL OCCUPATION (Give kind o			11. BIRTHPLACE (Co		yrs.	CITIZEN OF WE	HAT
d	uring most of working life, even it	retired)	NDUSTRY	SELDINITIFEMOL (O	raining on Grades, or 101		COUNTRY?	
•	Heastwill-	6 05	oun Home	Wilmid	470d. D	6611 6	1.8	
	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME		/	
	LEWIS 14,	1115		HM MLLI.	n al	KHOW	N	
4	15. WAS DECEASED EVER IN U.S. AR	MED CODOLOGY CO	Access acceptation to		- War	/ -	-	
(Yes, no, or unknown) (If yes give war o	r dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address Co.	3 13 TS.	LNAS
	NO	1	ONE M	PAS LEMI	A & 1/1	105	An.	1
	18. CAUSE OF DEATH [Enter of	only one cause per li	ine for (a) (b) and (c) 1	1	7,577		1 INTERVAL	BETWEEN
	PART I. DEATH WAS CAUS		1 0 D = 0	0, 1/2	0	0.	ONSET AN	
	IMMEDIATE	CAUSE (8)	hed forla	leral fine	mona	ry Fde	fetar at .	
	5400	DUE TO		1/		1	The same	
	Conditions, if any, which \	00/9	Multiple	2 /1/0/d	ung 3	arthis		
	gave rise to immediate	(0)	, care go	0 000	AA	W HVC		
	cause (a), stating the	DUE TO	(// //	1//10.	4	
	underlying cause last.	(c)			0	neer		
1	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBL	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION	GIVEN IN PART 1	a) 19. WAS	
֡							YES X	ORMED?
i		INC CT LOOP 7	DESCRIPE HOW INCHES COOL	IDDED /Enter neture of	Inhere le Dart I a	P Dort II of Itom	-	(110
	OR CONTRIBUTING CAUSE (OF DEATH	DESCRIBE HOW INJURY OCCU	יתתבט. (בחופר המוטרפ סד	mjury in Part I 0	rait II of item .	10.1	
֡	(IF EITHER, NOTIFY MEDICAL	EXAMINER)						
֡	20c. TIME OF INJURY Month Hour a.m. p.m.	, Day, Year 20d. II		CE OF INJURY (Home, fa		r town) (C	county)	(State)
	Hour a.m.	While	- Not write	ry, street, office bldg., e	tc.)			
	p.m.	19 at work	k at work			/		
	21. I certify that (I) (thi	s hospital) attende	ed the deceased from	June 19	95% to	12/26.19	65 , that 44	(we) las
	saw the deceased alive of	/	26196) and that	death occurred at 1				
	22a. SIGNATURE		and that	death occurred at	THE HOLL CH		DATE SIGNED	4
	787	2		ATTENDING -	MED S1	AFF -	11.51	1-
	100		M.C	D. PHYS.	DIRECTOR PI	IYS.	4211	6)
	22C PHYSIOTAN'S NAME (Type)	- 11.	05-00-	22d. ADDRESS	- th a	11	H	11.1.
	TRAINE (19pe)	=. MU	55-67	4410.	14 - a	me, Hy	allson	we my
2	3a. BURIAL, CREMATION. 23b.	DATE THEREOF	1 23c. NAME OF CEMETERY	OR CREMATORY	1 23d. LOCATIO	N (City, town or	county)	(State)
	REMOVAL (Specify)		12- 11	,	1	_ /	1 11	
	Bunine 12	-31-45	TREEN HIL		WILMI	- /	PC -/	HRL
	24. FUNERAL DIRECTOR	2	ADDRESS) 25a. REC	D BY REGISTRAR	25b. REGISTRA	AR'S SIGNATURI	
	111.11/1/1/1/ Const	1100/101	1181.1.11.11	111/11/11/11	n inne	nost a		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

Marryland Printer Gibbresia Pulmos Haprick General Wooplies was a Market St. northed H serves White Water Ward Committee of the Commit

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RE

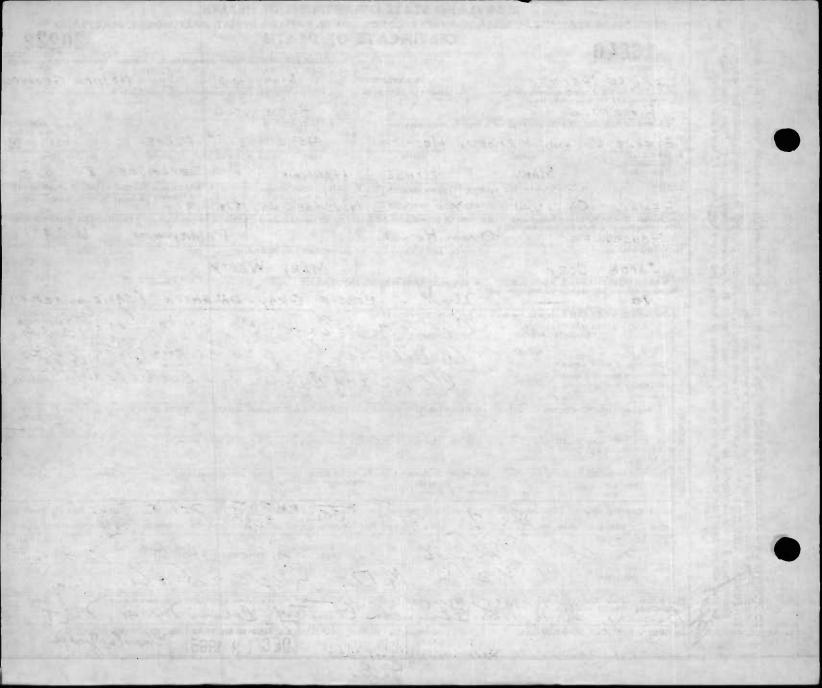
SEARCH .	AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, 1	MARYLA	AND
C	FRT	TEICATE	OF	DEATH				2111	99

X	1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
1	Montgomery MARYLAND	MARYTAND WASHINGTON D.C.
1	b. CITY OR TOWN (Houtside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) delphi	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	SIADO I POLISERI MININIRA / YR.	WASHINGTON, D.C. 47x.3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
7	PAINT BRANCH NURSing Home	2123 I St. N.W. YES NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year
-	(Type or print) William Phillip of	16 Ker DEATH 12 13 1965
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
-	M WIDOWED □ DIVORCED □	12-20-1870 94 yrs.
1	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_	Steel Plate ENGRAVER ENGRAVER	New YORK U.S. A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Ranffert
	RHALL GUCKERT	MARquerite Abbildelfert
	(Yes, no, or, upkgwn) (If yes give war or dates of service)	INFORMANT 3504 Ceder Drive Lock Haven
		liam Guckert Edgewater, Maryland
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (a) COLARY	Eclipie . ry hr.
1	4201 DUE TO B. Q. Just	Exploraculas charace 10x8.
1	gave rise to immediate (b) Lister Carelle Market	(September 1 1 /2 .
1	cause (a), stating the DUE TO	
1	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
1	TART II. OTHER STATE CONDITIONS CONTRIBUTION OF THE PARTY	PERFORMED?
	202 ACCIDENT WAS LINDEDLYING TO LOOP DESCRIPTE HOW INVIDED OCCU	PRRED. (Enter nature of Injury in Part I of Part II of Item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MRED. (Enter nature of many in Part 1 of Part II of Rom 20.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)
1		1-2
4	21. I certify that deceased from attended the deceased from and that	t death occurred at 200, from the causes and on the date stated above.
1	saw the deceased alive on 12-13 1965, and that	death occurred at 12 dw, from the causes and on the date stated above.
1	RATSances M. M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 0 12-13-65
1	22c, PHYSICIAN'S	22d. ADDRESS
1	NAME (Type) K.D. Baner M.D.	2513 Bucklowed KN-UNCIPHI, MA.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Cremation 12-15-65 Fort Lincoln	Crematory Prince Georges Co. Maryland
1	24. FUNERAL PIRECTOR Thomas 8434 Georgia Au	25a/ REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Marner E. Dunnhrey, Inc. Silver Spring.	Md. DATE DEC 17 1965 Schanley Judge
B-		0 0

VR A15 (4) 15M 4-64

West amery was the state of the File trades Willey TX Westington D. S. Point States to Microsing Harmer 2125 I st 4 W William Phillips & B. B. 466 3681-35-21 Stat Hade Europe Engage and Them York I was the Edit of Kool Guelleat Magazate Referent Comment of the second and the supplied of the suppli PARTHURAN TO THE STANDARD SHEET SHEE Server Commence of the Commenc

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages A and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4												()
1.	PLACE OF DEATH	I				SUAL RESIDEN	ICE (Where de			sidenc	a before	admission)
		nce George!	c	MARYLA		District of Columbia						
	b. CITY OR TOWN (if outside corporata limits		e. LENGTH OF STAY I	N 1b c	c. CITY OR TOWN (If outside eorporate limits, write RURAL and give nearest town)						vn)
	write RURAL and give nearest town)						100	17 67				
-	Cheverl			* DOA		Nashingto	on	47	1-0			
	d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in nost	oltai, giva streat address;	d	STREET ADDRESS						ESIDENCE A FARM?
	Prince Ge	orge Genera	1 Hos	pital	5	15 3rd. S	Street.	N.E.				NO X
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Montl)	Day	Yea	r
	(Type or print)	James Mo	nroe	Luther	Пос	leine	OF DEATH	7 (7 77	10	1 -
5.	SEX	16. COLOR OR RACE	TI OG	NEVER MARRIED	TIR DATE	Kins Of BIRTH	10	AGE (In years	JE LINDER 1 V	VEAD	19 IF UNDER	65
١.					_			lest birthday)		ays	Hours	Min.
	Male	1 LIVELU	WIDOWED		JI -2 J	an. 1938	1 ;	27 уп.				
de	one during most of wo	ION (Give kind of work rking life, aven if retired)	10b. KII	ND OF BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (State	or foreign eou	intry)	12. CITIZ	ZEN OF	WHAT	COUNTRY
	Stock (January	2. 19	338	T	Τ.	S. I	ln .
13	. FATHER'S NAME				14. N	OTHER'S MAIDEN	NAME .			J @1	0 - 1	are.
	Monroe S	Smith			- A	Lillian	Harr	d				
15	. WAS DECEASED EV	ER IN U.S. ARMED FORC	ES? 16. 5	OCIAL SECURITY NO.	17. INFOR			Address				
(4	es, no, or unkown) (I	fyes give war or dates of ser	vice)		T 4 7 7 4	n. 771-			0.1	3.7	**	
-	None	None				an Hask	ins-5.	15 3ra	St.,	N.	E.	
		EATH [Enter only one c	ause per lii	ne fer (a), (b), end (c).)						INTE	RVAL BET	WEEN
	PARI I. DEAII	H WAS CAUSED BY:	Cardi	ac tamponad	e					mi		267111
	45/1	DUE TO								73300		
	Conditions, if eny		Runtu	re of aneur	arem of	nganadin	a comb					
	gave rise to Immadi	ata cause	cupou	ie or aneur	y Sill OI	ascendin	ig aorts	1		mi	n.	
	(a), stating the u	nderlying DUE TO										
	cause lest.) (c)_										
NO	PART II. OTHER	SIGNIFICANT CONDITION	ONS CON	TRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	(e) 19.		
Y										Y		RMED?
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO		b. DESCRI	BE HOW INJURY OCCU	JRRED. (Entar	nature of injury in I	Pert I or Pert II	of item 18.)				
	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJU	RY Month, Day, Yaer				NJURY (Homa, farn at, offica bldg., atc.		or town)	(Count	ly)		(State)
MED	Hour a.m.	19	While at work	Not While	includy, site	ar, office brog., arc	"/					
		at I took charge of	the rema	ins described abov	e held an	Autonsy [3r]	Inspection	x Inquir	v []	and i	n my o	-1-1
	death resulted f			4 -67		, , , ,		-		allo I	ii iiiy O	pillott
	death resulted t	rom: Natural cau	25	Accident .	Suicide _	J. Homicide		determined m	anner			
	2 1 10 10	10	10	1-1-		CHIEF MEDICAL	EXAMINER _					
	ACTUAL SIGNATURE	1. Man		John John	M D	ASSISTANT MED	ICAL EXAMINI	R 🗍		DA	TE SIG	NED
		7				DEPUTY MEDICAL	L EXAMINER D	rι				
	EXAMINER'S NAME (Type)	on Kehoe.	MD	Riverdale	Md	Address (Street,	aity town or a	- Internal	10	70	65	
22		N. 22b. DATE THEREO	F 2	22c. NAME OF CEMETE	RY OR CREMA	TORY		ION (City, town,	or county)	-17	-O5	•)
	REMOVAL (Specify)	/ 4	_				1.0				,,,,,,	•
23	Burial V	1 12-23-6	5	Mt. Oli	vet C	me tery	Was	hingto	n, D.	C.		
		hines Co.	20	1				1 000	0 1	NATUR	CE .	
-	OTITI T.	TITLES CO.	, 45	shing ton	treet	N TO PART	27 196	5 /	onles	Jud	ge.	
								- Lander				

VR A15ME 5M 1/63

25 Tc TO STATE OF 19. 4/45 11.15 13 14 1 . The strain for the , the Thirt Page of Life - Car & Cr ... THE THE PERSON OF THE PERSON O

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, in please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 22, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 had 3 had 5 and 18. The PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5M 1/63

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CEPTIFICATE OF BEAUTIMORE 1, MARYLAND

							-		
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission)						
-	Prince George's	MARYLAND	a. STATE b. COUNTY Prince Coordele						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	e. LENGTH OF STAY IN 16	Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give necessit town)						
	Cheverly	DOA	X Brentwood						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street eddress)	d. STREET ADDRESS			e. IS RES	SIDENCE FARM?		
	Prince George General Hos	spital	3707 Upsh	ur Street		YES 🗌	NO 🔯		
3.	NAME OF First	Middle	Last	4. DATE Mont	h Dey	Yeer			
_	(Type or print) Anna Margai	ret Hera		DEATH 12	21	19			
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years last birthday)	Months Days				
7	Temale White WIDOWE	ED DIVORCED	23 April 188		Months Days	Hours	Min.		
10	. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR			12. CITIZEN O	F WHAT CO	OUNTRY?		
do	na during most of working life, even if retired)		Germany		USA				
13.	Housewife FATHER'S NAME	1	14. MOTHER'S MAIDEN		USA				
		A PERMIT AND DE		lenke					
45	George Tanner								
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown) (Ifyesgive war or detes of service)	Address of the second second		Address		10.17			
		Ann	a M. Leftwic	h-Daughter-San	ne as Ite	m #2			
	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]				ERVAL BETY			
	PART I. DEATH WAS CAUSED BY:	rt failure			ON	SET AND D			
	IMMEDIATE CAUSE (a) Hea:	to ratime				5 day	S		
	4200 DUE TO								
	Conditions, if any, which over 10 yrs								
	(a), stelling the underlying DUE TO								
	couse last.								
Z	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 1	9. WAS AL	JTOPSY		
일						PERFOR	LMED?		
5	20s. EXTERNAL CAUSE WAS 20b. DESCR	RIBE HOW INJURY OCCURRED.	(F	1-11 D-11 10-1	1	ES N	10 🛛		
CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	THE HOW INJURY OCCURRED.	fenter nature of injury in P	en i or Pen ii or Hem to.;					
MEDICAL			CE OF INJURY (Home, farm		(County)	(1	State)		
G)	Hour a.m. While	Not While factor	ory, street, office bldg., etc.	.)					
2			Id an Autoniu 🗖	In an artist Colonia	(7)				
	21. I certify that I took charge of the rem				LIM	in my op	inion		
	death resulted from: Natural causes	Accident Suici	de, Homicide	Undetermined m	anner				
		100	CHIEF MEDICAL I	EXAMINER					
	ACTUAL	11010	ASSISTANT MED	ICAL EXAMINER	D	ATE SIGN	VED		
	SIGNATURE		M.D. DEPUTY MEDICAL	E FYAMINED TVI					
	NAME (Type) John Kehoe M D.	Pirrandala Ma			72.0	7 6			
22a	NAME (Type) John Kehoe, M.D. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	city, town, or county) 22d. LOCATION (City, town	or county)	1State	1		
	REMOVAL (Specify)					jurare			
64	Byrial Y Dec. 24-65	Cedar Hill Ce			laryland				
	Summors Bres	ADDRESS	24a. REC	'D BY REGISTRAR 24b. REG		IRE			
Si	famons Bros1661-Good Hop	e Rd SE Wash	DC DATE	27 1965 10	rances Ju	dge			

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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M.	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LANI
19974	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH	112

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
	Prince George's MARYLAND	Maryland Prince George's					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Riverdale c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE					
	Eugene Leland Memorial Hospital	9437 Dubarry Avenue ON A FARM?					
3.	NAME OF First Middle DECEASED (Type or print) Clifton Bourroughs	Hickerson DEATH 12 9 1965					
5.		8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Male White WIDOWED OIVORCED	8-5-1893 last birthday) Months Oays Hours Min.					
dui	Retired ting State Government	11. BIRTHPLACE (County & State, or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? U.S. A.					
	. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME					
	Hubert Clifton Hickerson	Nannie ?					
15 (Y		INFDRMANT Address					
	Yes unknown 578 24 8840 Jar	mes H. Hickerson, Son/Medical Record					
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the OUE TO OUE TO OUE TO						
Z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY					
ICATIO		PERFORMED?					
CERTIFICATION	20a. ACCIDENT WAS UNDERLYINC ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Factor 20m. 20m.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)					
	21. I certify that (I) (this hospital) attended the deceased from Z						
1	saw the deceased alive on All 8, 19 65, and that death occurred at 345 M, from the causes and on the date stated above.						
	22a. SICNATURE M.O. ATTENDING MED. STAFF 22b. DATE SICNED M.O. PHYS. OIRECTOR PHYS. 12-9-6-5						
	22c. PHYSICIAN'S NAME (Type) LWMalin MI	22d. ADDRESS werdale root					
23	BURIAL (Specify) 12/13/65 Ft. Lincoln						
	FUNERAL DIRECTOR AOORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	Francis Gasch's Sons Hyattsville, Md.	001 1 1 1 1					
-							

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
46825	CERTIFICATE OF DEATH	11227

	4 0040	0.00
1.	PEACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Prince George MARYLAND	a state Maryland Pr. Geo.
	b. CITY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) Bow19 Dec.1962	X Bowie
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS I A. IS RESIDENCE
		ON A FARM?
_	12301-Kemmerton Lane	12301-Kemmerton Lane YES NOT
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
-	(Type or print) Felix F.	Hill Dec. 10 19 65
Э.	1. WALLES TO LEAD INVENTED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	Male White WIDOWED DIVORCED	10/24/1896 69 yrs.
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Ing most of working life, even if retired) Machinist INDUSTRY	Mt.Pleasant, Pa. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Hilinski	Mary Orvitsky
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Y	es, no, or unkown) (If yes give war or dates of service) Yes WWT 218-03-9557	Mrs. Estelle M. Hill (above address)
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	(Wife) INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: Canal Control	onset and Death
	IMMEDIATE CAUSE (a) Local Advance	to future of the survey
	DUE TO -	
	gave rise to immediate (b)	ac wive.
	cause (a), stating the DUE TO	
2	underlying cause last. (c)	La NA AUTOROX
110	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1CA		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., etc.)
Ξ	p.m. 19 at work at work	(A) 10 0 1 (F) 10 10 10 10 10 10 10 10 10 10 10 10 10
	21. I certify that (I) (this hospital) attended the deceased from	1962, to 10020, 1965, that (1) (we) last
		t death occurred at 6594M, from the causes and on the date stated above.
H	22a. SIGNATURE John Cottina 46 M.	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) JOHN COSMH, M.D.	3010 STONY BROOK AV BOWIE, MJ.
238	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 12/13/1065 Arlington N	at. Com. Arlington, Va.
24	FUNERAL DIRECTORNAL LOVIS ADDRESSMT Ra	inier 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Funeral Home Inc. Maryland	THE 16 1965 Johnson Judge

THE PROPERTY OF STREET, THE PERSON OF STREET, WHICH STREET, WITCH STREET . oo . m .e.e. Manager and the second

CHEST LATE AND ASSESSED TO AN AREA OF SECTION AND ASSESSED AND ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED AS A CONTRACT OF THE PROPERTY AND ASSESSED AS A CONTRACT OF THE PROPERTY ASSESSED.

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within (Areas) after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH 16846 of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Trem #9 Film #G	1/2 1/3/00 DO	C	11/	(-()
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDEN	CE (Where deceased lived, If		ce before admission)
Prince George's MARYLAND	Maryland	b. COUN	nty nce Georg	010
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		If outside eorporete limits, write	e RURAL end give	neerest town)
Cheverly DOA	Seabrook			
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
Prince George General Hospital	6502 94th.	Avenue		YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE Mont	h Day	Year
(Type or print) Bruce Edward Hol	zer	OF DEATH 12	20	19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male -e White WIDOWED DIVORCED 38	Aug. 1921	11/1 // / yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN O	F WHAT COUNTRY?
done during most of working lite, even if retired ervice station operator Gas station			US	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Howard Holzer	Katherine			
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address		
(Yes, 90 or unkown) (If yes give wer or detes of service) WW 11	col E dolzer			
18. CAUSE OF DEATH [Enter only one sause per line for (a), (b), end (c).]				ERVAL BETWEEN
PART L DEATH WAS CAUSED BY:			ON	ISET AND DEATH
IMMEDIATE CAUSE (6) Gun shot wound of	head		m-	inutes
976 X DUE TO				
Conditions, if eny, which (b)				
geve rise to Immediate cause (e), stating the undarlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 1	
E				PERFORMED?
20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	Enter neture of Injury in P	Part I or Pert II of item 18.)		
CAUSE OF DEATH. Shot solf in hoad				
S 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20a. PLAC			(County)	(Stata)
	ry, street, office bldg., etc.		277 - 264	
21. I certify that I took charge of the remains described above, hel	d an Autopsy .	Inspection . Inquir	y F and	in my opinion
	de X. Homicide	Undetermined m		my opinion
Tradatal Values [] Accident [] Suick	M.A.	_	anner 🔲	
ACTUAL ACTUAL	CHIEF MEDICAL E			
SIGNATURE	M.D. ASSISTANT MEDI		D	ATE SIGNED
EXAMINER'S NAME (Type) John Kehoe M.D. Riverdale Md.	DEPUTY MEDICAL		3.0	20 / 5
NAME (Type) John/Kehoe, M.D. Riverdale, Md 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY ON	Address (Street, c	city, town, or county) 22d, LOCATION (City, lown,		-20-65
Burial Dec 22, 1965 Arlington Na		Arlington Vi		(State)
23. FUNERAL DIRECTOR ADDRESS		'D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATU	JRE
F. Gasch's Sons Hyattsville, Md.	DEC	27 1965 gel	// //	dge
	I DAIR		- 0	<u> </u>

n final I GWIPHAN LINE A distribution of toein

executed within 24 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH
1. PLACE OF DEATH
1. SUAL RESIDENCE (Where deceased lived, 1f institution: Residence before

1683			CERTIFICAT	TE OF DEATH	1	30%	229
1. PLACE OF a. COUNTY			MARYLANO	2. USUAL RESIDENT	CE (Where deceased lived, b. (If institution: Re COUNTY	sidence before admission
b. CITY OF	Georges TOWN (if outside corpo URAL and give nearest t	rate limits,	c. LENGTH OF STAY IN 1b		foutside corporate limit	s, write RURAL	and give nearest town
Glenn	Dale (rural		3 mo., 29 dys	Washingt	on 47	x-3	
d. NAME (F HOSPITAL OR INSTITUT	FION (if not in h	ospital, give street address	d. STREET AODRESS			e. IS RESIDENCE ON A FARM?
	Dale Hospit	al		1531 8th	St. N. W.		YES NO
3. NAME OF DECEASED (Type or p	rint) Arthur		Middle	Hood Hood	OF DEATH DE	Month	0ay Year 19 19 65
5. SEX	6. COLOR OR RAC	E 7. MARRIEC	NEVER MARRIEO	8. OATE OF BIRTH	9. AGE (In ye	ars IF UNOER	1 YEAR IF UNDER 24 HR Days Hours Min.
Male	Negro	WIDOWEO		11/18/1889	76 yı	s.	
Oa. USUAL OC uring most or	CUPATION (Give kind of wo working life, even If reti	rkdone 10b. Fired)	(INO OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign co	untry) 12. CI	TIZEN OF WHAT UNTRY?
Ret	ired			Smithfield	N. C.	U	SA
3. FATHER'S	S NAME			14. MOTHER'S MAIO	UEN NAME		
Right				Amada Sau		11	
	ASED EVER IN U.S. ARMEO own) (If yes give war or date		SOCIAL SECURITYNO. 17	. INFORMANT	A	ddress	
No			unknown	decedent			
	E OF OEATH WAS CAUSED			11.1	-41-		INTERVAL BETWEEN ONSET ANO CEATH
PARI	I. OEATH WAS CAUSEO IMMEDIATE CAUS	SE (a)	WIE MYOCA	RDIAL IN	FARCITON		4 alys
Jan dialon		JE TO AA	TERIO SCLERI	THE WAR	T Demo	_	hNKNOWA
	s, If any, which to Immediate		EKIO SCEEKI	OTIC WEAK	1 1/1-113	6	MN KIN UVU /
underlyin	g cause last.	(0)	WERALIZED		LEROSIS		WKNOWN
PARTII.O	THER SIGNIFICANT CONOL	TIONS CONTRIB	UTING TO OEATH BUT NOT RE	LATED TO THE TERMINAL!	DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
BA	onetolNe		A. MEZON		r'		YES NO
OR CONTE	DENT WAS UNDERLYING HBUTING CAUSE OF O R, NOTIFY MEDICAL EXAL	EATH MINER) 20b.	OESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f Injury in Part I or Part	III of item 18.)
2	E OF INJURY Month, Oa ir a.m. p.m. 1	y, Year 20d. While	Not While fac	ACE OF INJURY (Home, fi tory, street, office bldg., e	arm, 20f. (City or tow etc.)	n) (Cou	nty) (State)
		1	led the deceased from	8/20	65_ to 12/19	19.6	5, that (I) (we) las
	ne deceased alive on_	12/19	19_65, and th	at death occurred at	11 . D		ne date stated above
22a. SIG	NATURE W	of We		ATTENDING	MEO. STAFF PHYS.	12/1	9/65
	(SICIAN'S			22d. AOORESS G	lenn Dale Ho	spital	
INA	ME (Type) Moe	Weiss, 1	M. D.	G	lenn Dale, M	laryland	
23a. BURIAN REMOVA	CREMATION, 23b. DAT	S-65	23c. NAME OF CEMETE		Smith	ield,	n.C.
24 FUNERA	LOIRECTOR		AOOR ESS /	25a. RE	C'D BY REGISTRAR 25		
19/1/	HANDEN CO	127	4 anulthi	W. DAREC	2 7 1965	Munice	2 Junge

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4 1 1 1 1 sestoni onola. Com Dale (.m.) 2 due 2 de la composition della c Indianal stee Mail AFOR Bull Se. H. IL. 010-----arin:18 glama analisasi menging 4 ding ACUTE MYSCHADIAL THEARCHON ANTERIOSCERNOTIC MERCT DIENSE Mary Mary Mark CHARLEST HATTAGESTER 65 14 Markey Colone MIGHT CHE WENNER PARTONE PHATELY

Gammanto, Mirrand

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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25a. DATE

1966

V 1684	8	CERT	IFICATE	OF DEATH	20/66 pc	20230
PLACE OF DEAT	H	160M // 2 2,0		2. USUAL RESIDENC	Where deceased lived, If institu	ution: Residence before admission)
	NCE GEORGE'	S	MARYLAND	e. STATE MISSI	SSIPPI/ b. COUNTY	
b. CITY OR TOW	/N (if outside corporate lim	nits, c. LENGTH OF	STAY IN 1b		outside corporate limits, write	RURAL and give nearest town)
	AIR FORCE H	BASE 6 DA	AYS	COLUM	bus/Atr/Adrcé	BASE
d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, give stre	eet address)	d. STREET ADDRESS	8:	9. IS RESIDENCE ON A FARM?
USAF HOS	SPITAL ANDRE	EWS		Rt. #2	Church Rd.	YES NO X
3. NAME OF DECEASED	First	Middle	9	Last	4. DATE Month	Day Year
(Type or print)	JOBE	NM]		HOWELL	DEATH DECEMBE	
5. SEX		MARRIED NEVER MAI	RRIED 8.	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
MALE				8May 1919	46 yrs.	
10a. USUAL OCCUPAT during most of work	FION (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINES	SS OR	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
OFFICER	}	US AIR FO	DRCE	"Verger	ua	U.S.A.
13. FATHER'S NAM	1E			14. MOTHER'S MAID	EN NAME	
	R HOWELL			BLANCH R		<u> </u>
	EVER IN U.S. ARMED FORCES (If yes give war or dates of servi			NFORMANT	Address	
YES	Martin Series	362-14-632	30 Mil	itary Rec	ords, Andrew	
	DEATH [Enter only one cau	se per line for (a), (b), a	ind (c).]	4		INTERVAL BETWEEN ONSET AND DEATH
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Cardi	ae i	arrest		
1992	DUE TO	0				
Conditions, If		Cach	exia			
cause (a), s	tating the DUE TO	Carcin	noma	itosis		
PART II. OTHER		ONTRIBUTING TO DEATH	BUT NOT RELATE	ED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
CAT						YES NO
PART II. OTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURE	RED. (Enter nature of	injury in Part I or Part II of I	tem 18.)
20c. TIME OF Hour a.	INJURY Month, Day, Year	20d. INJURY OCCURRE		OF INJURY (Home, fa , street, office bldg., et		(County) (State)
		at work at work				
	fy that (1) (this hospital)	attended the deceas	ed from 24	Dec, 19	65, to 30 Dec	, 69 <u>65</u> , that 10 (we) last
saw the de	ceased alive on 30	Ded 19 6	5, and that o	death occurred at/		nd on the date stated above.
ZZa. SIGNATU	70	1 1	0	ATTENDING D	MED. STAFF	3000 a 65
22c. PHYSICIA	AN'S	1 gren	MC.D.	PHYS C	DIRECTOR PHYS.	20331
NAME (T		FIENE, CAL	PT.USAF		ospital Andre	ws Wash D.C.
23a. BURIAL CREM	MATION, 23b. DATE THER		OF CEMETERY O		23d. LOCATION (City, town	
REMOVAL (SD	ecify) 1-5-66	1/1	- 4	mit.	delinator	Virginia
24. FUNERAL DIR		ADDRES		25a. REC	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
w.w.C	hambers to.	In 517-11	the s	P.E. MAN	7 1966 Jely	orles Judge

VR A15 (4) 20M 1/65

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PILICE GEORGE'S VAN GELIEFEERE ATH PURIT SASE TOAT HOAT HOAT HAD AND AND AND AND AND AND AND AND AND A	20230				
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AALE ON TELEVISION OF THE PROPERTY AND TELEVISION OF THE PROPERTY AND TELEVISION OF THE PROPERTY AND THE PRO					
STANDARD STA		LHINDOG I			
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FOR STATE HEALTH DEPT.

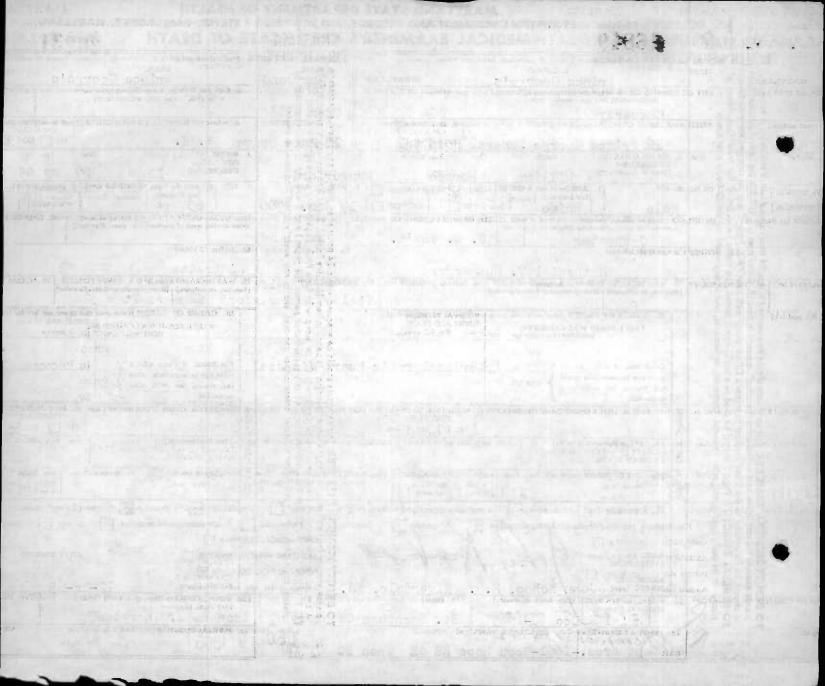
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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RESEARCH AND RECORDS AND RECORDS AND RESEARCH AND RESEARCH AND RECORDS AND RESEARCH AND RESEARCH AND RECORDS AND RESEARCH
								8.2	/ 2]]	
1. PLACE OF DEAT	н			2. USUAL RESIDEN	ICE (Where			Residenc	e befare	admission
	ince George	e MAR	YLAND	Maryland		b. cou	nce Ge	oma	010	
b. CITY OR TOWN	if oulside corporate limits,		TAY IN 1b	c. CITY OR TOWN		rparate limits, writ	e RURAL end	d give n	neerest to	wn)
	d give neerest tawn)			V						
Cheverly		DOA		<u> ^Oxon Hill</u>						
d. NAME OF HOSPI	TAL OK INSTITUTION (IF	not in hospital, give street ed	dress)	d. STREET ADDRESS						RESIDENCE A FARM?
12 Princ	e George Ger	neral Hospital		12 Pate Dr	ive	S. E.				NO 3
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Mont	h	Day	Yes	br
(Type ar print)	William	Horace	Harr	gerford	DEAT	т 10		25	7 19	65
5. SEX		MARRIED NEVER MARR	1101	DATE OF BIRTH		9. AGE (In yeers	LIF UNDER 1	YEAR		R 24 HRS.
						last birthday)		Days	Hours	Min.
Male	MATTERIA	WIDOWED DIVORC		9 Jan. 1900		65 yrs.				
done during most of wa	TON (Give kind af wark arking life, even if retired)	106. KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (State	or foreign e	iountry)	12. CIT	IZEN O	F WHAT	COUNTRY
Carpen		U. S. Gov't		Maryland						
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
14	athaniel T.	Hungerford		2	Mist	retta				
15. WAS DECEASED EV	ER IN U.S. ARMED FORC	ES? 16. SOCIAL SECURITY	NO. 17. II	FORMANT MI P	4440	Addres				
(185, na, or unkown)	lfyesgive warardetes afser	vica)						lla		
no				la T. Hunge	riord	Same as	Item	-		
		ause per line for (a), (b), end	(c).)						ERVAL BE	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Heart failure						1 -	hour	
1/200	DUE TO						41-49			
Conditions, if on		Antonionalass	tio b-	nont di				7.7	1	
geve rise to Immed	iate cause (Arteriosclero	Lic ne	art disease				_ un	know	n
(e), steting the u	DIR TO									
cause lest.) (c)_									
PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(e) 15		
3								Y	ES T	ORMED?
PART II. OTHER	AUSE WAS 20	b. DESCRIBE HOW INJURY O	OCCURRED.	Enter neture of injury in i	Part I or Part	II of item 1B.)				LXI
PRIMARY OF CO	INTRIBUTING									
		LOD L DINEY	1 00 0	or or names as						
20c. TIME OF INJU	JRY Manih, Dey, Yeer	20d. INJURY OCCURRED While Not While		E OF INJURY (Home, farm ry, street, affice bldg., atc		ity or tawn)	(Cau	nty)		(State)
naur e.m. ₹ p.m.	19	at wark at work								
	hal I took charge of	the remains described a	above, held	d an Autopsy	Inspection	n le Inqui	y [x],	and	in my o	opinion
	from: Natural cape		-	de . Homicide		page 1		1	,	Pillion
deam leadined	1 Natural Call	- Accident	T, Suicio			Indetermined n	lanner _	1		
100000	11/	K . //		CHIEF MEDICAL	EXAMINER					
ACTUAL SIGNATURE	John	1 et	~	M.D. ASSISTANT MED	ICAL EXAM	INER		D	ATE SIG	SNED
EXAMINER'S	1.00			DEPUTY MEDICA	L EXAMINER					
	John Kehoe.	M.D. Riverda	Te Md	Address (Street,	city, town o	or county)	10	2_2d	-65	
2a. BURIAL, CREMATIC	ON, 276. DATE THEREO	F 22c. NAME OF CE	METERY OR	CREMATORY		ATION (City, town	, or sounty)	40	(Sla	de)
REMOVAL (Specify			1					. 1	, , ,	
Byrial	Dec 30-196		abas (emetery	Oxon	HILL, N	larylai			
23. FLINIMAL DIRECTO	ous All	ADDRESS		1111-1	D BY REGIS	TRAR 246. REC	ISTRAR'S SI	GNATU	RE	
Simmons Bro	s1661-Good	Hope Rd SE	Wash I	DATE '	3 0 19	65 July	circles	Jus	ge	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	20830	CERTIFICAT	re of Death 30232	
	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a. STATE b. COUNTY	admission
t	b. CITY OR TOWN (If outside conforate I write RURAL) and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give near	est town
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 14901 Calumbia Road YEST	ESIDENCE A FARM?
	NAME OF First DECEASED (Type or print) FLIZABET		Last 4. DATE Month Day 1	rear
	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 Y	
10a. I durin	USUAL OCCUPATION (Give kind of work doring most of working life, even if retired)	DIVORCED DIV	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH COUNTRY?	AT S.A
13.	FATHER'S NAME	rnett	14. MOTHER'S MAIDEN NAME	
	WAS DECEASED EVER IN U.S. ARMED FORC , no, or unkown (If yes give war or dates of see		INFORMANT Address Burtansville	me
	18. CAUSE OF DEATH [Enter only one or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ost marin	Embalism Interval in Superior And Tunka	D DEATH
	5 72 / DUE TO Conditions, If any, which gave rise to immediate (b)	Colecton	y Operation 10a	our
1	cause (a), stating the DUE TO underlying cause last. (c)	NOPTUYE	A DIVENTICULUM 33 de 14 DIVENTIA DI LA COMPANIA DI SEASE CONDITION GIVEN IN PART 1(8) 119. WAS	AUTOPSY
ICATI	PARTII. OTHER SIGNIFICANT CONDITIONS		PERF YES	ORMED?
	20a. ACCIDENT WAS UNDERLYING D DR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yea Hour a.m. p.m. 19		LACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	(State)
	21. I certify that (I) (this hospital saw the deceased alive on		2/18, 1946, to/2/13, 1965, that (I) at death occurred at M, from the causes and on the date state	
	22a. SIGNATURE MARTE	u N	I.D. ATTENDING MED. DIRECTOR STAFF 22b. DATE SIGNED 12/15/6	,_
		varren	Laurel Mid	
1	RURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	-65 St Ma	ha Cem Fairland My	(State)
24.	Selvit Danald	Lan Laul	Med DEEC 17 1965 Gleanles Judge	

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FOR STATE HEALTH DEP

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 46851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
1	e. COUNTY	e. STATE b. COUNTY
}	Prince George 's MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 1b	Maryland Prince George's
1	write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	Cheverly	Fairmont Heights
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
2		ON A FARM?
	Prince George General Hospital	5802 Sheriff Road YES NO X
	DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) NELLIE IOUISE JACKS	
		DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
		last birthday) Months Deys Hours Min.
	T CHICALO INGGIO	26 June 1940 25 yrs.
	done during most of working life, evan if retired	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
/	Handel wife	Washinder () SH
	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
	(larenh) What I	J
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17.	sousex years
	Yes, no, or unkows) (Ifyesgive were redetes of service)	MI Adress
		John H (bothorn)
1	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) Acute pulmonary ed	ema minutes
	180X DUE TO	
	Conditions, if any, which \ (b) From metastatic car	cinoma of brain and lungs unknown
	geve rise to immediate cause	ATTAIN ATTAIN ATTAINED WITH THE PARTY OF THE
	(e), steling the underlying DUE TO	7 01 111
	cause lest. (c) From Hypernephroma	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
7	E CONTROL OF CONTROL O	YES X NO T
4	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CO	(Enter neture of injury in Pert I or Pert II of item 18.)
	PRIMARY OF CONTRIBUTING CONTRIB	
		CP OF MILION III
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
	Hour e.m. While Not While et work et work	, , , , , , , , , , , , , , , , , , , ,
	21. I certify that I took charge of the remains described above, hel	d an Autopsy X. Inspection X. Inquiry X. and in my opinion
	death resulted from: Natural causes . Accident . Suici	de, Homicide, Undetermined manner
	1/1/1/1/1/	CHIEF MEDICAL EXAMINER
	ACTUAL SAS LEGAT	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER →
	EXAMINER'S John Wohoo M.D. Pirrandola M.	Lab
1	NAME (Type) John/Kehoe, M.D. Riverdale, M.	
1	226 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER'S OR	CREMATORY 22d. LOCATION (City, town, or county), (Stote)
	12-6-65 MV (dere	I cem Bladnishra Kd no the the
	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	blown & Tilante at 1 1 inni No.	DEC 7: 1005 Polianles Judges
-	VYEWY D. Wackenging & Dons-4723 Ala	mean DEC 7 1965 July

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH								
PLACE OF BEATH	1		2. USUAL RESIDENCE (V	Where deceased lived, If institution: R	esidence before admission)			
Prince (George's	MARYLAND	a. STATE Maryland	r.	Geo,8.			
b. CITY OR TOW	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. GITY OR TOWN (If outs	ide corporate limits, write RURAL	and give nearest town)			
Brand;	ywine	Li fetime	Brandyw:	ine				
d. NAME OF HOS	PITAL OR INSTITUTION (if not In	n hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
Brandyw	ine-Waldorf M	ed. Clinic	Rt. 3-Box	363	YES NO X			
NAME OF DECEASED (Type or print)	First Willie Jo	Middle	Last 4.	DF	Day Year			
SEX			nnson	19. AGE (In years IFUNDER				
Male	Negro WIDOW	TO MEVER WARKIED A	Oct. 9,1915	last birthday) Months 50 yrs.	Days Hours Min.			
Da. USUAL OCCUPAT	ION (Give kind of work done 10b	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County		ITIZEN OF WHAT			
	odial	INDOSTRI	Prince Ged	orge's Co.Md.				
3. FATHER'S NAM	E		14. MOTHER'S MAIDEN N	IAME				
Willie	e Johnson		Henriett	ta Smith				
5. WAS DECEASED E	EVER IN U.S. ARMED FORGES? (If yes give war or dates of service)	16. SOGIAL SEGURITY NO. 17.	INFDRMANT	Address				
Yes	11-	213020-5151 M:	rs. Gladys I	Porter-Rt.3-Box	x 363			
18. CAUSE OF	DEATH [Enter only one cause pe	er line for (a), (b), and (c).]	Brang vwine.	Md.	INTERVAL BETWEEN			

	d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, give	street address)	d. STREET ADDR	ESS			e. IS RESIDENCE ON A FARM?	
4	Brandyw	ine-Waldorf	Med. Cl:	inic	Rt. 3-	-Box 36	53		YES NOX	
1	3. NAME OF DECEASED	First	М	lddle	Last	4. DAT	E Month	D	ay Year	
r.	(Type or print)	Willie	Joseph	Joh	nson	DEA	TH Decemb	ber 1	1965	
	5) SEX	6. GOLOR OR RACE 7. M	MARRIED NEVER	MARRIED X 8.	DATE OF BIRTH	1			AR IF UNDER 24 HRS	
+	Male				ct. 9,1		50 yrs.	Months Day		
	10a. USUAL OCCUPAT	TION (Give kind of work done ing life, even if retired)	10b. KIND OF BUS	INESS OR	11. BIRTHPLACE	E (County & Sta	te, or foreign country)	12. GITIZI GOUNT	N OF WHAT RY?	
4	Cust	odial					ge's Co.I	vid.		_
	13. FATHER'S NAM	IE			14. MOTHER'S	MAIDEN NAME				
		e Johnson				rietta				_
		EVER IN U.S. ARMED FORGES		URITY NO. 17.	NFDRMANT		Addres	S		
	Yes	War #2-	213020	-5151 Mr	s. Glad	lys Por	ter-Rt.	3-Box	363	
	18. CAUSE OF	DEATH [Enter only one cau	use per line for (a), (b), and (c).]	Brandyw	vine. N	Id.,		TERVAL BETWEEN NSET AND DEATH	
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	CONO	estive	Hom	AFA	ilore		24 Krs	
	44	2 X DUE TO					(11	
	Conditions, If		HVDE	TENSIX	e Cardi	OVASCL	IJAY dis	eage_	1CAYS	_
	gave rise to cause (a), s	DUIT TO	///							
	underlying cau									_
	PART II. OTHER	SIGNIFIGANT CONDITIONS C	CONTRIBUTING TO DEA	ATH BUT NOT RELAT	ED TO THE TERMI	NAL DISEASE GO	NDITION GIVEN IN	PART 1(a)	9. WAS AUTDPSY PERFORMED?	
	FICA								YES NO	
4	PART II. OTHER 20a. ACCIDENT DR GONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDIGAL EXAMINER)	20b. DESGRIBE H	OW INJURY OGGUE	RED. (Enter natu	re of injury in	Part I or Part II of	Item 18.)		
										_
	20c. TIME OF Hour a.	INJURY Month, Day, Year	20d. INJURY OGGL	factor	E OF INJURY (Hon y, street, office bld		(City or town)	(Gounty)	(State)	
	p.		While Not What work at work	rk 🔲						_
4	21. I certi	ly that (I) (this hospital			6/1	, 19.65, to			that (I) (we) last	
		geased alive on	11// 19	65, and that	death occurred	at Jas.M.	from the causes			-
	22a. SIGNATU	A RE	1.11.		ATTENDING T	MED.	STAFF	22b. DATE	SIGNED	,m
	22c, PHYSIGI	ANIC	Lexason	M.D.	PHYS. 22d. ADDRES	J. DIKEGIOK	☐ PHYS. ☐	1800	201765	_
	NAME (T	Thomas L.	Fieldson	n			Md. 206	513		
	23a RIIPIAI COCI	MATION, 23b. DATE THER		ME OF GEMETERY			LOGATION (City, to		(State)	Ξ
	REMOVAL (Sp Burial	ecify)								
	24. FUNERAL DIR			RESS		REG'D BY REG	Brandywin GISTRAR 25b. RE	GISTRAR'S SI	GNATURE	-
	Montall	Adama	A = = = =	71.2	10.	EC 7	1965 gcl	conley S	udge	
1	Martell	Adams	Aquasco	, Md) DATE			0	0	=

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		MARYLAND STATE DEP	ARTMENT OF I	HEALTH	
DIVISION O	F STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1. MARYLAND
18853	,	CERTIFICATE	OF DEATH		20235
PLACE OF DEATH		11	2 HOHAL DECIDENCE	(Where decessed lived If institu	tion. Residence hefore

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince Georges MARYLAND	a. STATE b. COUNTY Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly m 2 hrs 10 m	X Hillside
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addres	s) d, STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	1525 59th Ave. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Baby Boy	Kavadias Dec. 21 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
Male White WIDOWED DIVORCED	21 Dec., 1965 yrs. x2x 2 10
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lerry Favadias	Ifigenia Rousson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of service)	7. INFORMANT Address
	2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]/	+ Weight -600 Pry INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	con Measures - Church to had
7625 DUE TO C-+1-1-	1+13 109 Mus; C to remp-32 cm.
Conditions, If any, which) (b) Wellane	of the lungs.
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
15 maternal avanate in	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
i de	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from I	Dec. 21 , 19 65to Dec. 21, 19 65, that (I) (we) last
	hat death occurred at 20 AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 12/21/65
	A.D. PHYS. DIRECTOR PHYS. 12/21/03
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Harry Earle Altman, M.D.	2025 Eye St. N.W. Washington 7, D.C.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify)	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNDAY DIRECTOR 12/24/65 Prince Beo	Gen HOSP REC'D BY REGISTRAR 258. REGISTRAR'S SIGNATURE
Henry Whenny	DATE 28 1965 Charles Judge
Hanne W Donn In Adding the	148 601

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in a fyeveral, within 72 hours, after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET. DIVISION OF STATISTICAL

	16854 CERTIFICAT	E OF DEATH
1.	PLACE DF DEATH a. COUNTY PRINCE GEORGE'S MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY VIRGINIA FAIRFAX
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ANDREWS AIR FORCE BASE 45 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALEXANDRIA 83 X - 3
	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
3.	US AIR FORCE HOSPITAL NAME DF First Middle	632 NORTH RIPLEY ST YES NOWY
3.	DECEASED	Last 4. DATE Month Day Year OF DEATH DECEMBER 3 1965
5.	A ALTA V E	KELLER DECEMBER 3 1965 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		last birthday) Months Days Hours Min.
	FEMALE CAUC WIDOWED DIVORCED LOUGH L	11 APRIL 1896 69 yrs.
dur	Ing most of working life, even if retired) INDUSTRY	COUNTRY?
13.	Housewife & Nurse Retirel.	ST MARYS COUNTY MD USA 14. MOTHER'S MAIDEN NAME
	GEORGE CLARENCE THOMPSON	MARY AGNES WIBLE
15	WAS DECEASED EVEN IN IL S ADMED EDDOES? 16 SOCIAL SECURITY NO 17	
(Ye	S. no. or unifown) (If yes nive war or dates of service)	AUGHTER SAME AS ITEM #2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5/00 C/C	24 hours
	58/0 DUE TO	
	conditions, If any, which (b) Bleeding es	ophogeal varices 48 hours
7	(c)	fliver years
TIO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
FICA	None	YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	7ct 20, 1965, to Dec 4, 1965, that (1) (we) last
		t death occurred at MM, from the causes and on the date stated above.
	222. SIGNATURE RELIES O Phelps M.I	
	CHARLES D PHELPS, CPT USAF MC	USAF HOSP ANDREWS WASH DC 20331
238	BUNION DEC 7, 1965 AHING	ton Natl. Atlington, Va
24	W.W. Chambers Co. 5,7-11 Was	DALEC 6 1965 ACTION OF THE PROPERTY OF THE PRO

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COUNTY UNAFFICE PROPERTY	The state of the Caracham and the state of t
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	MARYLAND STATE DEPARTMENT OF HEAL	.TH
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STRE	EET, BALTIMORE 1, MARYLAND
16855	AL RESEARCH AND RECORDS, 301 W. PRESTON STRE CERTIFICATE OF DEATH	20237

1000	Drince George's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in Prince George's General NAME OF HOSPITAL OR INSTITUTION (If not in Prince George's General NAME OF HOSPITAL OR INSTITUTION (If not in Prince George's General NAME OF HOSPITAL OR OR RACE (Itype or print) SEX 6. COLOR OR RACE 7. MARRII (Itype or print) FATHER'S NAME Terry R. Ingraham WAS OECEASED EVER IN U.S. ARMEO FORCES? (If yes give war or dates of service) 10 18. CAUSE OF DEATH (Enter only one cause per PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mayor rise to immediate (a) Mayor rise to immediate (a) Stating the Underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attesting the saw the deceased alive on Dec. 14 22a. SIGNATURE	OLKIIIIOAI	L OI DEATH	611201
a. COUNTY Prince b. CITY OR TO write RUR.	e George s DWN (If outside corporate li AL and give nearest town)	MARYLAND nits, c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, If institute a, STATE b. COUNTY Maryland Prin c. CITY OR TOWN (If outside corporate limits, write	ce George's
				e. IS RESIDENCE ON A FARM?
Prince	e George's Gene	eral Hospital	901 67th Avenue	YES NO T
3. NAME OF DECEASED (Type or print		Middle	Last 4. OATE Month OF Kelliebrew DEATH Decemb	Day Year Der 14 1965
5. SEX Male	Marsa	MARRIED NEVER MARRIED NOT	8. OATE OF BIRTH 9. AGE (In years IF last birthday) M. Sept. 22, 1965 yrs. 2	UNDER 1 YEAR IF UNDER 24 HRS onths Oays Hours Min.
during most of wo	orking life, even If retired) -		11. BIRTHPLACE (County & State, or foreign country) Prince George's, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
			14. MOTHER'S MAIOEN NAME Mary Kelliebrew	
15. WAS DECEASE	DEVER IN U.S. ARMED FORCE	ice)	INFORMANT Address MRY Kellicheew Some M.	- 17
gave rise t cause (a), underlying ca	to Immediate stating the oUE TO (c)_	Cause unknown	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT1(e) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBLE (IF EITHER, NO Hour	JTING □ CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) PFINJURY Month, Day, Year a.m.	20d. INJURY OCCURRED 20e. PL	URREO. (Enter nature of Injury In Part I or Part II of II ACE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bidg., etc.)	
21. I cer saw the c 22a. SIGNAT	deceased alive on Dec TURE Lhower A. (CIAN'S	attended the deceased from 1 14 19 65, and tha	o. PHYS. OIRECTOR PHYS. 22d. AOORESS	
23a. SURIAL, CR REMOVAL (EMATION, 23b. DATE THEIR Specify	REOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (9lty, town	or county) (State)

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Tacons A. Crointenann, M.D. Gabbinarinani ava. Collins and Charles and Collins
12-18-65 Harmany Man

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please is should be detached for use as the burial-transit permit. Then please is should be detached for use as the burial cremation, or removal, and it any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TOOSA			CERTIFIC	AIL	UF DEALF	1			023	1
1. PLACE OF DEAT	Н		3,		2. USUAL RESIDEN	CE (Where deceas			before adm	ission)
	e George's		MARYLA	NID.	a. STATE Maryl	and	b. COUNTY	ice Geor	ore te	
b. CITY OR TOW	/N (if outside corpora	te Ilmits.	c. LENGTH OF STAY I		c. CITY OR TOWN (If					town)
write RURAL	and give nearest tov	vn)			\/					,
Cheve		N (If not In h	6 days	racel	d. STREET ADDRESS	ont Heig	nts	1	e. IS RESII	DENCE
d. WANTE OF 110	STITAL ON INSTITUTE	314 (11 1101 111 11	ospital, Rive street and	1000)	U. STREET ADDRESS				ON A FA	ARM?
Princ	e George's	General	L Hospital		5900	L. Stree	t N.E.		YES N	VO OV
3. NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Month	Day	Year	
(Type or print)	Ros	ee F	ranklin		Kirkland	DEATH	Decembe		19 6	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3 8	. DATE OF BIRTH		GE (In years IF			
Female	Negro	WIDOWED	DIVORCED	J	an. 25 1877	88	2. (4)	onths Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & State, or		12. CITIZEN COUNTRY	OF WHAT	
			Priva	te	Mo	1.		11.5	- 7	
13. FATHER'S NAM	unse.				14. MOTHER'S MAIL	DEN NAME				
	Unl	mown				Alice L	ewis			
15. WAS DECEASED	EVER IN U.S. ARMED FO	DRCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address			
(Yes, no, or unkown)	(If yes give war or dates of	of service)			Josephine	Rlake	5341 Hr	int Pl	. N.	E.
		e cause per l	ine for (a), (b), and (c),		OSOPIIIIO	1	00111	LINTE	RVAL BET	
	EATH WAS CAUSED BY	: (in.	F D /			liner.		ONS	ET AND D	EATH
11.20	IMMEDIATE CAUSE	(a) (VVV	u jun	non	eary eq	eun		7		-
720	DUE	TO MA	Luca ne de	, ,)	1 Just Aug	alia	11	11/		
Conditions, if		(b) 1000	y ocar on	u	2 morphin	Vicon	191 00	W.C.		
cause (a), s underlying cau	stating the DUE	(c) (d)	tucos	ll	notice.	hear	1 dis	long		
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITI	ONSCONTRIB	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN PA	RT 1(a) 19.	WAS AUT	
CAT								Y		NO I
E 20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f Inlury In Part	or Part II of I	tem 18.)		
OR CONTRIBUT	WAS UNDERLYING CING CAUSE OF DEADTIFY MEDICAL EXAMI	TH NER)								
			NILLDY OCCUPATE LOS	o DI A	OF INITIDY (Home for	orm 206 (01)	ty or town)	(County)	/91	tate)
ZOC. TIME OF Hour a.	INJURY Month, Day, m.	While		factor	CE OF INJURY (Home, fa y, street, office bidg., e	etc.)	ly or town)	(County)	(3)	atoj
p.	.m. 19	at wor								
21. I certi	fy that (1) (this hos	pital) attend	ed the deceased fro	m De	c. 11 , 1	965, to De	c. 17	, 19 65 , tl	nat (1) (w	e) last
	ceased alive on De		1965_, and	d that	death occurred at3					
22a. SIGNATU		1	ALC: UNKNOWN			EATH.		22b. DATE SI	GNED	-
	m 13	Can	nem	- M.D	ATTENDING PHYS.	MED.	STAFF	Dec. 17	. 196	5
22c. PHYSICI				111.10						
NAME (T	ype) Don B. (Cameron	, M.D.		22d. ADDRESS 3503 Per	rry St.,	Mt. Rai	nier, m	α.	
23a. BURIAD, CREI	MATION, 23b. DATE	THEREOF	23c. MAME OF CEM	ETERY	OR CREMATORY	23d/ J.OCA	TION (City, town	n or county)	(Sta	ite)
REMOVAL (Sp	neclfy) 12-2	+65	timeal	. 2	Nem.	Luiz	Hand	Rd	me	2)
24., FUNERAL DIR	ECTOR / C	20	ADDRESS	-		C'D BY REGISTA	AR 25b. REG	ISTRAR'S SIGN		
HS.Wass	moth Jons	4925	Deane On	e n	S DEC	2 3 196	5 goly	arley &	udge	
1	1.0				DATEL	60 100		0_	0	

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		and the second	mi.Dingella	South Service	
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Bank Na . Ses	XX				
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	N 45 55 11 14	Bear 30 (1)		33-53-3	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

. at these enigle till a page i depois to the alger the same and the The state of the s And the probability of the wasterned of the second state of the se

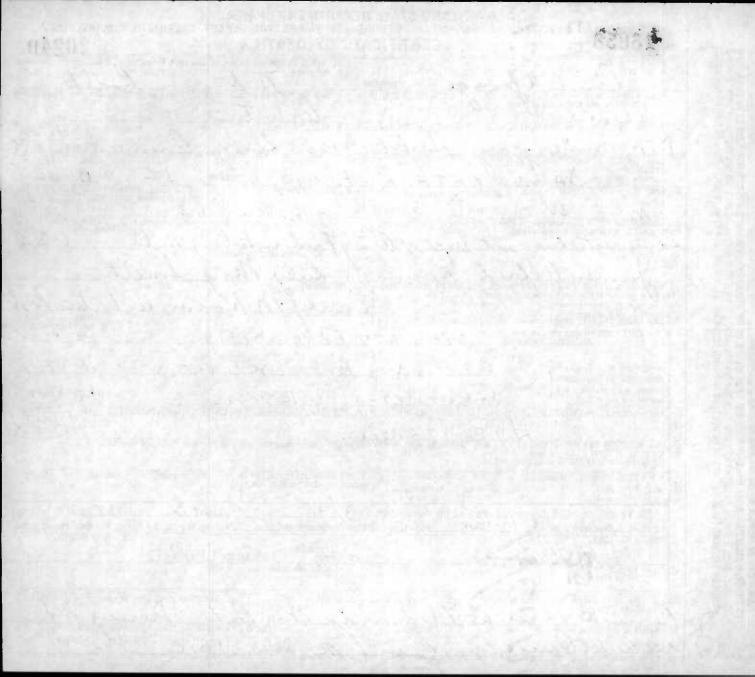
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH 18858 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

			23/11/11
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	Trince (Perige MARYLAND	a. STATE D. COUNTY S	ult.
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give, nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Chevely	assistan 03x-2	
	d. NAME OF HOSPITAL OR ASTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	OA Prince George Haspital	1253 Lunden arenne	YES NO X
3.	NAME OF PIRST MAddle	Last 4. DATE Month	Day Year
	(Type or print) JAMES ARTHUR	70000	-D 1963
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years IF UNDER I last birthday) Months	Days Hours Min.
	M WIDOWED DIVORCED (luca 16 1902 63 yrs.	
	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY LINDUSTRY LINDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
a	divenistrative and Dept of arm	Frederick Co. Mid	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	71
	James alfred Kours	Lilly May Smeth	_
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, s, wo, or unknown) (If yes pive war or dates of service)	INFORMANT	, 5
(W I I I I I I I I I I I I I I I I I I I	mily M. Kagna Ush	tur mil
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTO 52 377	Thrombo315	ONSET AND DEATH
	4201 DUE TO		
	conditions, if any, which) (b) (6) or on any	Athern Sclerosis	10 VYs.
	gave rise to immediate		
	cause (a), stating the	1050/020515	10 V20
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT	LUper Tension		YES NO
	20a ACCIDENT WAS LINDERLYING TO ZI JOH, DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.))
띪	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
SAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	While Mot while	ry, street, office bldg., etc.)	
Σ		3/30 , 1939, to /2/20 , 196	that (I) (we) last
	21. I certify that (I) (this hospital) aftended the deceased from saw the deceased alive on 12/20 1967, and that	death occurred atM, from the causes and on the	•
	22a. SI NATURE		ATE SIGNED
	+ MI Wayney M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	
	22c. PHYSICIAN'S	22d. ADDRESS	
	Mayne (Type)		
23a		OR CREMATORY 23d. LOCATION (CHy, town or cou	nty) (State)
1	REMOVAL (Specify) /2-23-65 Meadanin	La Membark Darsen	1 mil
24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'	
1	(1011/TT) 11 M	To MECON 1065 Minerelly	Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9	16859			CERTIFIC	CATE	OF DEATH			2	11241
1.		VCE GE				2. USUAL RESIDENCE a. STATE Mary	land	b. COUNT	nce Ge	orges
	write RURAL	N (if outside corpora and give nearest tow	/n)	c. LENGTH OF STAY	w/.	c. CITY OR TOWN (If or	,	rate limits, wri	te RURAL and	d give nearest tow
-	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in he	3 mont ospital, give street ad	dress)	1 Jakoma Pari	e			e. IS RESIDEN
		nce George		Jakoma Per		6817 Prince	George	er Ave.		YES ND
3.	NAME OF DECEASED (Type or print)	JEAN	irst	Middle	LI	AMBERT	4. DATE DF DEATH	Month Decemb	er 1	Day Year / 19 65
3	sex Temale	6. COLOR OR RACE Caucasian	7. MARRIED WIDOWED	DIVORCED		Jan. 8, 1887		78 yrs.	Months Da	
10a dur	I. USUAL DCCUPAT Ing most of work Housewi	IDN (Give kind of working life, even if retire	done 10b. K	IND OF BUSINESS OR NOUSTRY		Scotland	nty & State, o	r foreign country)	12. CITIZ	ZEN OF WHAT ITRY?
13	FATHER'S NAM					14. MOTHER'S MAIDE	NAME			
		i Fantar				Janet Jode				
		EVER IN U.S. ARMED FO (If yes give war or dates o	of service)	32-185-841	17. Ma	INFORMANT iss Margaret	Lambe	68 77 F	r. Geo	rges Ave.
	Conditions, If gave rise to cause (a), s underlying cause	immediate tating the DUE	(a) TO (b)	pindle.	cel	l Carcen	ioned !	y/ugr.	ock	ONSET AND DEATH
CATION	PART II. OTHER	SIGNIFICANT CONDITI	DNSCONTRIBL	JTING TO DEATH BUT NO	OTRELA	TED TO THE TERMINAL DIS	SEASECONDI	TION GIVEN IN F	PART 1(a)	19. WAS AUTDPS PERFORMED? YES ND
CERTIFICATION	20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE DF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of I	njury in Pari	t I or Part II of	item 18.)	
MEDICAL	20c. TIME OF Hour a.i	MAT W.V.	Year 20d. II While at work	Not While	De. PLAC factor	CE OF INJURY (Home, farr ry, street, office bldg., etc	m, 20f. (C	ity or town)	(Count)	(State)
	saw the de	ceased alive on	pital) attendo	ed the deceased fro	om_C nd that	death occurred at 6	5, to AM, from	DEC. 11 n the causes :	and on the	date stated abo
	22a. SIGNATU	of ochi	ldle	aces	M.D.	PHYS. DI	ED. RECTOR	STAFF PHYS.	22b. DAT	1/65
	22c. PHYSICIA NAME (T	31/	Schildh	aus, M. D.		6/81 NEW	HAMP	SHIREH	VENE	MachDo
23	a. BURIAL, CREM REMOVAL (Sp remation		THEREOF 5 1965	Mt. Hone (tone	Cook	County County	Illino	is
24	. FUNERAL DIRI		nay	8434 Geo	rgia	Avenue DATE	D BY REGIST	RAR 255. RE	GISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

											- 1/		
	LACE OF DEATH COUNTY					2. USUAL RESIDEN a. STAJE	NCE (When	re decease	d lived, If inst		esidence	before admission)	
	Prince George	AND	Maryland Prince George's										
b.	CITY OR TOWN (if outside c write RURAL and give near	orporate lim	its, c.	LENGTH OF STAY	N 1b	c. CITY OR TOWN (If outside	corpora	ite ilmits, wri	te RURAL	end glv	e nearest town)	
	Cheverly			37 days		W. Hy	atts	rille	2				
d	. NAME OF HOSPITAL DR INST	ITUTION (if	not in hosp	ital, give street add	dress)	d. STREET ADDRESS	S				9	. IS RESIDENCE ON A FARM?	
	Prince George	's Gene	eral H	lospital		3607			Stree	t	Y	ES NO	
3. N	AME OF ECEASED	First		Middle		Last	4. D		Month		Day	Year	
(1	ype or print)	Frank				Lanier	Di	EATH	Decemb		20	1965	
5. SI	EX 6. COLOR OR	RACE 7. M	ARRIED	NEVER MARRIED	8.	DATE OF BIRTH	Mar.	9. A0	SE (In years st birthday)	FUNDER:	1 YEAR Days	IF UNDER 24 HRS. Hours Min.	
Mal	e White	WI	DOWED .	DIVORCED		9-12-02		63	yrs.	MOHENS	Days	Hours Will.	
1Da. U	SUAL OCCUPATION (Give kind of most of working life, even if	f work done	10b. KIND	DF BUSINESS OR		11. BIRTHPLACE (County & S	State, or i	foreign country)	12. CI	TIZEN (OF WHAT	
	rinter	retireu)	lino	type		Davidsor	1 Co	N.	C.	US	UNTRY	4	
13.	FATHER'S NAME		ŧ		1:	14. MOTHER'S MAI	IDEN NAM	1E		1			
	Umey Lani	ler				Palie S	Smith	1					
	AS DECEASED EVER IN U.S. AR			CIAL SECURITY ND.	17. 15	FORMANT	1 0		Addres	s	_		
(Yes,	no, or unkown) (If yes give war o	r dates of servi	^{ce)} 579	07 3047		Hospital	reco	rds	Cheve	erly,	Md		
1	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: Concernor along									ONSI	EI AND DEATH		
	IMMEDIATE CAUSE (a)												
C	Conditions, If any, which												
g	gave rise to immediate												
	cause (a), stating the DUE TO adenoconcess structh												
	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS										WAS AUTOPSY		
ICATI	Pulmonay Idena									AIT 2(0)	PERFORMED? YES ND		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CDNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)												
MEDICAL	Hour a.m. While Not While The Not While Hour a man While The Not While Hour a man While Hour a man While Hour a man Not While Hour a ma												
<u>₹</u>	p.m. 19 at work at work												
	21. I certify that (I) (this hospital) attended the deceased from 13, 1955, to 1965 that (I) (we) last												
_	saw the deceased alive on 201965, and that death occurred at 2:15 Mm from the causes and on the date stated above.												
2	22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED STAFF 22b. DATE SIGNED												
	M.D. PHYS. DIRECTOR PHYS.												
2	PHYSICIAN'S NAME (Type) DON	B.	CAI	MERON		3503 T	erry	st	That.	Rai	ne	erma	
23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE THERE	LOF 2	Clakel	DETERY O	REMATORY	23d.	len	ton	or cou	0	(State)	
24.	FUNERAL DIRECTOR	she?	Hya	there!	le	DAG 25a. RI		TEGISTRA 196		GISTRAR'S	SSIGN	ATURE	
/	1		1			DATE	4	100			V		

* Deligant Jones Chief and sell unhing en il e de delle l'ant A DOTAL SERVICE AND THE Buriel Alexantes Chiple HILF Honton 7. C. I Engla and Systemile M.

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages, 2, and 3 to the funeral director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS, Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, 1 and 1 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event. Within 72 hours after death.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.	PLACE OF DEATH				2. USUAL RESIDE	ENCE (Where	decessed lived.	If institution: F	Residenc	e before	dmission	
	a. COUNTY				e. STATE		b. CO					
	Princ	ce George's		MARYLAND	Marylan	ıd		rince (Geor	ge 's		
		f outside corporete limits, give neerast town)		6. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside eo	rporata limits, w	rite RURAL and	d give n	earest tov	vn)	
	Suitlar	nd		la hours	Brandyw	rine						
			not in ho	spitel, giva street address)	d. STREET ADDRE		- 1			ON	ESIDENCE A FARM?	
1	ndrews Air	Force Base	Hos		Rtl, Box	8-10				YES !	NO X	
3.	NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF DEAT		nth	Day	Yea		
		Ardena		Frances L	eake			2	2	19	65	
٥.	SEX	6. COLOR OR RACE 7	. MARRII	ED NEVER MARRIED 8	. DATE OF BIRTH	-1000-0	9. AGE (In yea last birthday			IF UNDER		
F	emale	White	WIDOWI	DIVORCED .	12-9-1937		27 yrs.	Months	Deys	Hours	Min.	
10	. USUAL OCCUPATI	ON (Give kind of work	10b. K	IND OF BUSINESS OR INDUSTR		ete or foreign e	ouniry)	12. CIT	IZEN O	WHAT	COUNTRY	
do	ne during most of wor	rking life, even If refired)		NUMPING.		XDS			13.			
13.	FATHER'S NAME		1 1 2		14. MOTHER'S MAID							
	Mario	d Elnore	M	liner	Leith	a Le	o Aco	PHMA	6			
		R IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17. 1	NPORMANT		Addre	185		17-		
(18	s, no, or unkown) (if	yes give war or detes of ser	VICe)	UNKNOWN	Husband		924	L 25	if y	_		
	18 CAUSE OF D	EATH Enter only one s	nues par		10000000		3 612			POWAL DE	DAZENI.	
			ause per	ine for (e), (b), end (c).)						ERVAL BET		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock											
	8234 DUE TO From bilateral pneumothorax											
	Conditions, if eny, which \ (b) and laceration of liver											
	gave rise to immediate cause											
	(a), staling the undarlying DUE TO And retroperitoneal hemorrhage											
	cause last.) (c)										
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	ONS CO	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASI	E CONDITION G	IVEN IN PART		PERFC	RMED?	
IFIC	20a. EXTERNAL CA	USE WAS 20	b. DESCI	RIBE HOW INJURY OCCURRED.	(Enter nature of Injury is	n Part I or Pert	l of item 18.)			- W		
CERT	PRIMARY TO OF COL	NTRIBUTING						1 0 - 1		L	7	
	20c. TIME OF INJUI	1 1)	rive	r, thrown out o	CE OF INJURY (Home for	en ran	OII road	d and c			(State)	
MEDICAL	Hour a.m.	, , , , , , , , , , , , , , , , , , ,	While	INJURY OCCURRED 20e. PLA	ory, streat, office bldg.,	etc.)	wine, Mo	1.	,,,,,		(2181e)	
ME	1:300mp.m. 12-2- 1965 at work at work Cedarville Road. 3 miles off Rt. 301. Brandy-											
П	21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X and in my opinion											
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner											
		11/		Y	CHIEF MEDICA	AL EXAMINER						
	ACTUAL SIGNATURE	John	1/	ern	M.D.	EDICAL EXAMI			D	ATE SIG	NED	
	EXAMINER'S J	ohn Kehoe,	M.D.	Riverdale, Mo		CAL EXAMINER	_		12-	3-65		
22a		N. 224. DATE THEREO	F	22c. NAME OF CEMETERY OF		The state of the s	ATION (Ciby toy	rn, or county)	-	(Stat	•)	
	AUPIDE	11/1/6	5	Nevilles	Chapal	1	4+. P1	2830	NY	, Te	X.	
	FUNERAL DIRECTOR	1		ADDRESS	5 0 - 24a. R	REC'D BY REGIS	1/2	GISTRAR'S SI	GHATÚ	R.E.		
h	1. W. Choi	mbers co.		517-1100 371	DE C	6 19	965	harles	Jus	ga.		

Wrih, Ja.

ATTENDED TO STATE OF भूष । MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

death.

after

Part I was here The state of the s Many let the land to said the control to the last the things Margaret John Federsbury in him 16 6 House of the Color How Land Color Color How Color Colo Mayora Hitzanabaray some good at 2 (double al) 391 THE SAME Sprake Hillie Celais & & Harendillined Blue of Walet Back this of 12/1/16/14 Flore Gear busicked, the omen with head LARUTELKY Spoil . T . Eolet E leducabita con Ett.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death conflicte be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciary and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

	WALLEWING SIWIE DE	L'ANGIAGETAL OF LIES	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON STR	EET, BALTIMORE 1, MARYLAND
16863	CERTIFICATI	OF DEATH	211945

				- 1 1 6 m 1 m 2	/
1.	PLACE OF DEATH a. COUNTY	41	ICE (Where deceased lived, If		dmission)
	PRINCE GEORGES MARYLAND	o. STATE Mary lar	nd Pr. (
	b. CITY OR TOWN (if outside corporaté limits, c. LENGTH OF STAY IN		(If outside corporate limits, write		n)
	write RURAL and give neerest town)	V			
_	Hyptsv. 11e	E. Rive	erdale		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS			SIDENCE A FARM?
n	andison manen Nunsing Home	5424 -	56th Ave.	YES [
3.	NAME OF First Middle	Last	4. DATE Monti	Day Yeer	
	DECEASED (Type or print) Ada V.	Lusby	DEATH Dec.	31, 190	65
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER	24 HRS.
1	emale white WIDOWED DIVORCED	10/1/91	last birthday)	Months Days Hours	Min.
10	B. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Cou	inty & State, or foreign country)		OUNTRY?
do	one during most of working life, even if retired)				
-	U.S.Govt G.P.O.	Virgin:		U.S.A.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN			
	James M. Green	Margaret	t Gordon		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT	Address		
(11	ns, no, or unkown) (If yes give war or dates of service) NO 578-58-9376	Mra Dorot	thy Couperth	vaite - 8438	3
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		erwyn Hts.,		
	PART I. DEATH WAS CAUSED BY:	STUI AVE. DE	ar.wait meg.	ONSET AND D	EATH
	IMMEDIATE CAUSE (a)	premon	al.	- las	ye.
	49/1 DUE TO				0
	Conditions, if any, which (b)				
1. 1	gave rise to immediate cause				
100	(a), stating the underlying				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS A	UTOPSY
110				PERFO	RMED?
S				YES	но 🗌
CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ OP. CONTRIBUTING ☐ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury	in Part or Part of Item #5.)		
AL		PLACE OF INJURY (Home, far		(County)	(State)
MEDICAL	The state of the s	fectory, street, office bldg., et	c.)		
2	p.m. 17 L	J. J.	10/3 . /2 /4	1 10/57 10/	- N. I. d
	21. I certify that (I) (this hospital) attended the deceased fro		19.63 to 12 /2		
	saw the deceased alive on 12/18 19.65, and the	hat death occurred at	M, from the causes		
	22a. SIGNATURE	ATTENDING /	MED. STAFF	22b.	. DATE SIGNED
	Cyly hand	M.D. PHYS.	DIRECTOR PHYS.	12/22/6	55.
	22e. PHYSICIAN'S	22d. ADDRESS	0	1 it Harpin	efe.
	NAME (Typo) Hugh Inter, M.D.	7/05	- Rigge Pe	el ma	2
23	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, to	wn or county) (St	late)
	DELLOYAL IC III	ll Cemetery	Suitland,	Md.	
24		V	C'D BY REGISTRAR 25b. RE		
24				carles Judaz	
	Funeral Home Inc. Maryla	ind Wiel	28 1965 400	and Jung	

- 1221 - 1221 - 1221 - 12 Ch 88 722. . . New New York of the country of the c Bed - By triming the Control of the evicative secretary and a property of the secretary . M. Carrielle - Freezementist i meneg 68 vs Sig Intent .og D amol Lated/FE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15864 CERTIFICATE OF DEATH 211246

1. PLACE OF DEATH	H	EAL A			USUAL RESIDE	NCE (Whera dec	eesad lived, If i		dence before admission
	ince Georg		MARYLAND			ryland		Pr. G	iee ts
	if outside corporete limit give nearest town)	s,	LENGTH OF STAY IN 16		. CITY OR TOWN	(If outside corpo	rete limits, write	RURAL end giv	ve nearest town)
Cheverl	7		D.O.A.	X	Upper 1	Marlber	e, Mar	yland	
	TAL OR INSTITUTION (i	_		17	d. STREET ADDRES	S			IS RESIDENCE ON A FARM?
		eneral	Hespital	1	Bex 17:	The second second second			YES NO
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	D	ey Year
(Type or print)	Mai		Parrine		Lusby	DEATH	Decem	ber 12	1965
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED B	. DAT	E OF BIRTH	9.	AGE (In yeers last birthdey)	Months Dey	
Female	White	WIDOWED	DIVORCED	May	26, 18	389	76 yrs.	Months Dey	s Hours Min.
10e. USUAL OCCUPAT	ION (Give kind of work orking life, even if retire	10b. KIND	OF BUSINESS OR INDUSTR	Y 11.	BIRTHPLACE (Co	unty & State, or fo	oreign country)	12. CITIZEN	OF WHAT COUNTRY
Housew		Ov	yn Home		Maryla	and		U.	S. A.
13. FATHER'S NAME				14.	MOTHER'S MAIDE				
James	Henry Den	ton			Louisa	Wood			
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO. 17.	NFOI	RMANT		Address		" "0
No No unkown)	fyes give wer or detes of se	ervice)	E	d wa	rd Henr	ew Lumb	- Sam	e 25 J	Item #2
	DEATH Enter only one	ceuse per line		or M.a.		2 /	J		INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	1 In	Due 1/4	-	1 fa	eleve			ONSET AND DEATH
1177	IMMEDIATE CAUSE (a)	CA!	gest the 1to						a Kis
サメス	DUE TO	11.3	The sale -	1	1 1	· allen	100	ppana	1/12.00
Conditions, if engage rise to immed	(4)	CUVI	arona de	ne	Carou	orasc	pour	- Cura	1000
(e), steting the u	DI III TO								
cause lest.) (c)_								LI 10 LUIS AUTORON
PART II. OTHE	R SIGNIFICANT CONDIT	IONS CONTR	BUTING TO DEATH BUT NO	OT RELA	ATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	EN IN PART 1(e	19. WAS AUTOPSY PERFORMED?
5									YES NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURED	, (Ente	r neture of injury i	in Part I or Part II	of item 18.)		
20c. TIME OF INJU	JRY Month, Day, Yea				INJURY (Home, fa		or town)	(County)	(Stete)
Hour a.m.	19	While at work	Not While sect	ory, sit	reet, office bldg., e	arc.)			
7,000		al) attende	d the deceased from.	1	Dan-	10/25 10	11/Lec.	10/0	that (I) (we) la
saw the decea		1 0	19.65., and that	-	h occured and	2:20 Pm	ine causes		date stated abov
22a. SIGNATURE	of Jan	ce	M		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.]	22b. DATE L2/12/65
22c. PHYSICIAN'S NAME (Type	Pahent B	Cont	scer, M. D.	2	ZZd. ADDRESS	r Marlb	one M	anvl av	26
							TION (City, toy		(Stete)
23e. BURIAL, CREMAT REMOVAL (Specify	ION, 23b. DATE THER	2	23c. NAME OF CEMETERY						
Burial	12/15/	65	Epiphany C	eme	-		stvill		
24 FUNERAL DIRECTO		36	ADDRESS		25e. R	REC'D BY REGISTE	(397)	ISTRAR'S SIQU	MATURE MAGE
Ritchie !	Bres. Upp	er Mal	rlbere, Md.		dute	C 27 196	00 /	-,00	0

plnods funeral completely filled in by the papers. Pages 1 and 2 thin 72 hours after death. The law requires that the death certificate be executed. death. Page 4. It be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please remove can be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any element RATIENDING PHYSICIAN: The taw requires may be retained by the hospital or attending physician. VR A15 15M 9/60

thin 24 hours after

99

TO HOSPITAL

begreed souls! Harry and Jackston Ser-B.O.A. He word Malbers, M.F. Land Taxovaso. Prince Goorges General hospital - Box 1739 Mauda en Pantine Dusay Des Essender 11, 0 Temple F Light X Hay 20, 1889 75 Smalytak a Value hat the said . L . B . L Junes Hearty Danton it is a like it Signated Hearty Lugary Sume we Item to Unexater) sect feeding a thready to Carrie for whom 15 you 1 /1 05 monors of Sensons, M. D. Charles Marleone, Maryland. . By 12/15/ Letinam Comesony Letinostville, Fd. DE C 2.7 1965 - 197 1985 sitedia Bros. Upper Marlbore, Mar

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16865

1. PLACE OF DEATH

a. COUNTY

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Benning Road N

a. STATE

1		à.	0	15	LRe
1	1	1	1	4	1

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

65

28 19

Marlboro,

Haurs

Day

Days

12. CITIZEN OF WHAT

USA

COUNTRY?

IF UNDER 1 YEAR

Manths

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

b. COUNTY

Manth

Address

FOR STATE

MARYLAND Prince George's Prince George's Maryland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest tawn) Cheverly DOA Forestville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) .d. STREET ADDRESS Prince George General Hospital 4255 Dowerhouse Road 3. NAME OF Middle Last 4. DATE DECEASED Richard (Type ar print) Marshall DEATH 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) DIVORCED WIDOWED Male Negro 11-23-1893 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country) during mast of working life, even if retired) Janitor Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Marshall Elizabeth ? ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) ((If yes give war ar dates af service) Raymond Marshall Box 4255 Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Heart failure DUE TO Canditians, if any, which gave (b) Arteriosclerotic heart disease rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) PRIMARY C or CONTRIBUTING C CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Natural courses x Accident death resulted fram: Suicide Hamicide 🔲 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, ar county) 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUL 131 1/3/65 Mt. (dlivet Cemetery)

INTERVAL BETWEEN ONSET AND DEATH over 10 vrs 19. WAS AUTOPSY PERFORMED? YES T NO X (City or town) (Caunty) (State) Inquiry x and in my opinian Undetermined manner 22. DATE SIGNED 12-29-65 23d. LOCATION (City or Town) (County) (State) Washington 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

24 FUNERAL DIRECTOR

Funeral

Home

Stewart

FOR STATE HEALTH DEPT

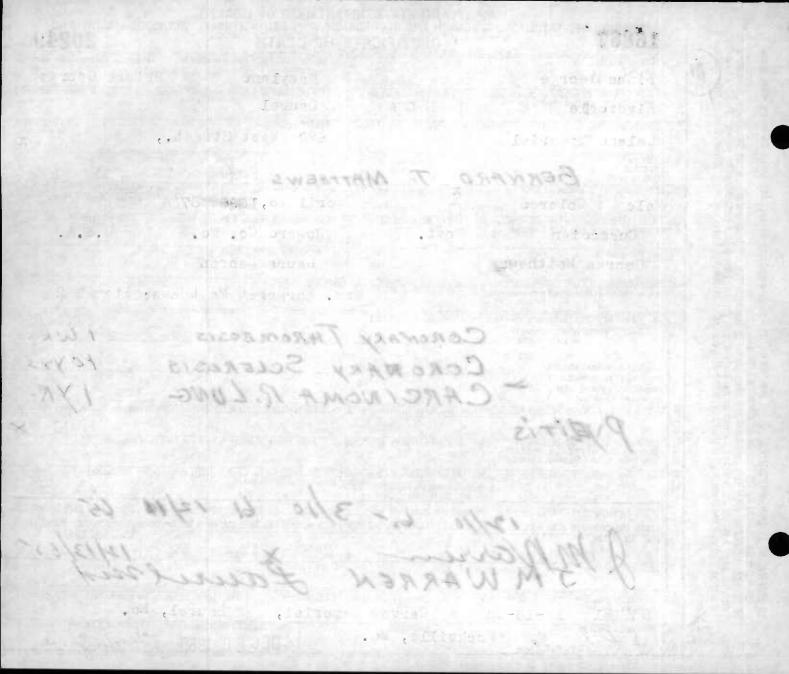
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages trans with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any overt within 72 hours after death.

)	1586	on of STATISTIC	CAL RESEA	CAND STATE DE RCH AND RECORDS EXAMINER'S	CERTIFICAT	N STREE	ET, BALTIMO DEATH		20	248	
a. b.	write RURAL a			MARYLAND c. LENGTH OF STAY IN 1b DOA	a. STATE Marylan c. CITY OR TOWN (III	nd foutside c		rince	Geo AL and g	rge! ve neare	S est tov
d		Memorial H		spital, give street address)	d. STREET ADDRESS 5801 Sa		Road			e. IS RE ON A YES	FARM
(T	AME OF ECEASEO ype or print)		st nces	Middle Isabelle	Last Maske	4. DAT OF DEA	TH 12		Day 10	19	ear 65
fem	ale	white	7. MARRIED [WIDOWED [DIVORCED	8. DATE OF BIRTH 12-14-11		9. AGE (In years last birthday 53 yrs.	Months	Days	Hours	MI
during	most of working Super	on (Give kind of work of gilfe, even if retired cvisor s Brogan	i) IN	ND OF BUSINESS OR DUSTRY Government	Delawar 14. MOTHER'S MAII Isabel	e DEN NAME		12.	CITIZEN COUNTR U S	Y7	
15. W (Yes, 1	AS DECEASED E	VER IN U.S. ARMED FO	(service)		INFORMANT Carl V Mask	110-4	Addr Chillun				
C g c	PART I. DEA 3 2 2 onditions, if a ave rise to ause (a), standerlying cause	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE ny, which Immediate Iting the Diast.	(a) A C	e for (a), (b), and (c).] ute alcoholi		DISEASE CO	ONDITION GIVEN I	N PART 1(a		WAS A	UTOPS
MEDICAL CERTIFICATION	Oa. EXTERNAL RIMARY (*) or C AUSE OF DEATH	CAUSE WAS CONTRIBUTING [20b. D	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury In	Part I or Part II	of Item 1		ES X	NO
MEDICAL	Hour a.m p.m	. 19	While at work	Not While facto	ory, street, office bldg., e	etc.)	. (City or town)	(C Juiry X	ounty)	d In my	(State
S	death resulte	John.	causes X,	Aceddent □, Su verdale, Maryl	CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDICA AND Address (Street	AL EXAMINI EDICAL EXA CAL EXAMI	MINER NER X	d manne	2	2. DATE	
-		MION. 1 23b. DATE 1	THEREOF	23c. NAME OF CEMETER	Y OR OREMATORY	23d.	LOCATION (City, ashing to	n D.	C.		State)
24.	FUNERAL DIREC			ADDRESS sville, Md.	25a. RE DE C	1 6 1	GISTRAR 250	REGISTRA	IR'S SIG	VATURE	

VR A15ME 3500 4-64 2

SPECIAL CONTRACTOR			M DIOH MYAMA HI DIADM	
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

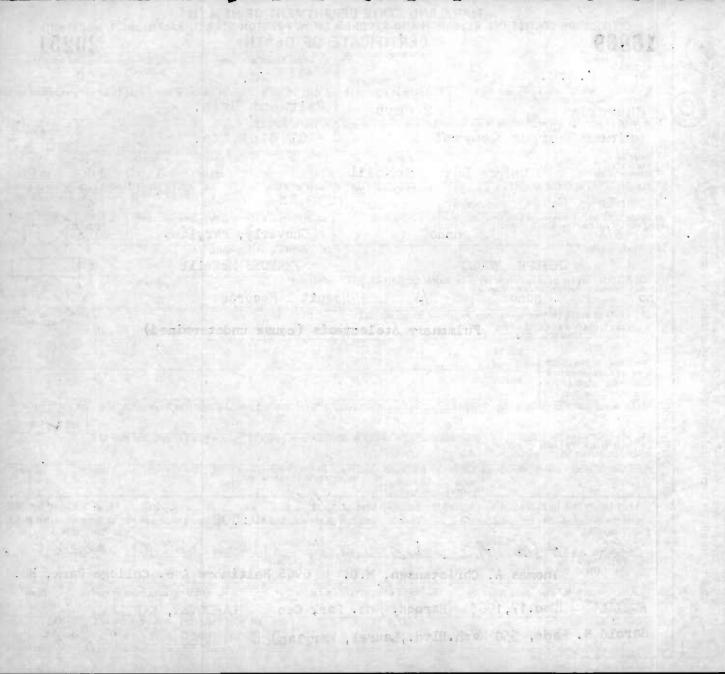
Latin and contra n'armost sorius College Park Cheverly 1 hr. 50 class Control of the fell should will be fell on the ferrore of the fell expect to the second of the se in least, Levitary 8400 Shorte Inland Ann. 't. Pranter, #6. THE PERSON OF TH A A STATE OF THE S

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15869 CERTIFICATE OF DEATH

			1 20 31 3
1. PLACE OF DEATH 2. COUNTY P.G.C. MARYLAND	2. USUAL RESIDEN	NCE (Where deceased lived, If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RU	IRAL and give nearest town)
	Fairmont		
Cheverly 2 days			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges General	/ 727 618		YES NO NO
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
(Type or print) Baby Boy McNeill		DEATH 12	10 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH	9. AGE (In years IFUN	DER 1 YEAR IF UNDER 24 HRS
	2 8 65	last birthday) Mont	hs Days Hours Min.
WISONES DIVORCES	L 11 DIDTUDI ADE (yrs.	2
102. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
N/A none	Cheverl	y, Maryland	lusa
13. FATHER'S NAME	14. MOTHER'S MAI	DEN NAME	
JOSEPH YOUNG		S McNelll	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT	Address	
no none N/A Ho	ospit 1 Rec	ords	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]			I INTERVAL BETWEEN
	. ,		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Pulmonary Atelecta	asis (cause	undetermined)	
7620 DUE TO			
Conditions If any which \			The second second
gave rise to Immediate			
cause (a), stating the DUE TO			
underlying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
TAT			PERFORMED?
L CO. ACCUPANT WAS UNDERLYING TO LOOK DESCRIPTION INVESTIGATION			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature o	of injury in Part I or Part II of Item	1 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work 19 at work 119 at work 120e.	CE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)
Hour a.m. While Not While facto	ry, street, office bldg.,	etc.)	(00000)
p.m. 19 at work at work			
21. I certify that (I) (this hospital) attended the deceased from	2/8/65.1	19, to 12/10, 19	9 65 that (I) (we) last
		: 50M, from the causes and o	
22a. SIGNATURE	ueath occorred at		DATE SIGNED
22a. SIGNATURE	ATTENDING	MED. STAFF	. DATE SIGNED
Thomas H. Christenson had M.D	. PHYS.	DIRECTOR PHYS.	12/13/65
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
Thomas A. Christensen, M.D.	6905 Ba	ltimore Ave. Colle	ege Park, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OB CREMATORY	23d. LOCATION (City, town or	county) (State)
REMOVAL (Specify)			
		LANDOVER, MARYLA	
24. FUNERAL DIRECTOR ADDRESS		C'D BY REGISTRAR 25b. REGISTE	0
Harold S. Wade, 550 Wash. Blvd., Laurel,	MarylandFO	20 1965 Pelian	les Judge.
		20 10001	- () - (

VR A15 (4) 20M 1/65 5-148253



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page Fracy be retained for your files.

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> VR A15ME 5M 1/63

Items 18-21 Film G372MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA

Division of STA	TISTICAL RESEARC	CH AND RECORDS,	301 W. PRESTON ST	REET, BALTIMORE 1	, MARYLAND
18870	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	20252

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDEN	ICE (Where deceased lived, If I	Institution: Residence before edmission)						
Prince George's MARYI			nce George's						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town)	Y IN 1b c. CITY OR TOWN	(If outsida corporate limits, writa	RURAL and give nearest town)						
Suitland DOA	X Suitland								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddre	d. STREET ADDRESS		IS RESIDENCE ON A FARM?						
Andrews Air Force Base Hospital	4425 Arnold	Road, Apt. T-							
3. NAME OF First Middle DECEASED	Lost	4. DATE Month	Day Year						
(Type or print) Elizabeth Marv	McQuaide	DEATH 12	16 19 65						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)							
Female White WIDOWED DIVORCED	□ 23 June 1917	L8 yrs.	Months Days Hours Min.						
10s. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	INDUSTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?						
Gov't. Personnel Government	Indiana		U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME							
Clarence G. Mc Quaide	Helen Mc (Cune							
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT	Address							
(Yes, no, or unkown) (Ifyesgivawarordatesofservice)	Eleanor Mc Qua	aide, 3726 Con	n. Ave, Wash, DC						
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)	1.1		INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: Shock			ONSET AND DEATH						
9/70 DUE TO	9120								
Conditions, if any, which \ (b) From first an									
gave rise to immediata cause of body surfa	gave rise to immediate cause minutes								
(a), stating the underlying sause lest. (c) And acute alcoholism									
	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			YES X NO T						
208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	CURRED, (Enter nature of injury in I	Part I or Part II of itam 18.)							
PRIMARY To or CONTRIBUTING Fell in bathtub	of hot water								
20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, ferr		(County) (State)						
20c. TIME OF INJURY Month, Dey, Yeer While Not While at work at work	factory, street, office bldg., etc	Suitland Pr	Geo. Md.						
21. I certify that I took charge on the remains described abo			y x, and in my opinion						
death resulted from: Natural/causes . Accident .	Suicide . Homicide								
	CHIEF MEDICAL								
ACTUAL STAN A SAN	M.D. ASSISTANT MED		DATE SIGNED						
SIGNATURE		L EXAMINER 🔽							
NAME (Type) John Kehoe, M.D. Riverda			12-17-65						
NAME (Type) John Kehoe, M.D. Riverda. 22a. BURIAL, CREMATION, 23b. DATE THEREOF 22c. NAME OF CEME	ETERY OR CREMATORY	22d. LOCATION (City, town,							
Cremation 12/20/65 Cedar Hil	1 Crematory	Suitland, Md							
23. FUNERAL DIRECTOR ADDRESS	24a. REC	'D BY REGISTRAR 24b. REGI							
Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington.	, D.C. DEC	23 1965 806	carles Judge						

TO WAS DEC. SOLVER TO SEE WAS DEC. 1747 24 1757 11850 14 17 23 808,844, 18134 4.0 William of the control of the state of the second VB ASSAM

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

	MARIE DEI ARTIGERT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
6871	CERTIFICATE OF DEATH	2025

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admi	
	Prince George's MARYLAND	Pro George	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) East Riverdale, Md. 12 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t East Riverdale, Md.	town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDI	
	5417 56th place Apartment 201	5417 56th Place	ALC: U
	3. NAME DF First Middle DECEASED (Type or print)	Last 4. DATE Month Day Year DF DEATH Dec 19, 196	5
-	Malirice	c Sweeney DEATH Dec 19, 19 6	
	male white widowed divorced	Oct 16, 1888 77 yrs. Months Days Hours	Min.
	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Electrician	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
1	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
	Daniel Mc Sweeney	Nora Horan	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
		ora Mc Sweeney East Riverdale, Md.	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWOODSET AND DE	
1	PART 1. DEATH WAS CAUSED BY:	ng LE 2-340	
	5 % // DUE TO 1-	- Ray	
1	Conditions, If any, which gave rise to Immediate (b)	Ear A Soy	1.
	cause (a), stating the DUE TO		
	underlying cause last. (c)		
	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		
	20a. ACCIDENT WAS UNDERLYING [] 1.20b. DESCRIBE HOW INITIRY OCCI	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
- 1			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta bry, street, office bldg., etc.)	ite)
ı	21. I certify that (I) (this hospital) attended the deceased from	MAS , 1961, to , 19 , that (I) (we)	last
1		t death occurred at 2342 M, from the causes and on the date stated a	
١	22a SIGNATURE OF SOO	ATTENDING MED. STAFF 22b. DATE SIGNED	-,
	280 PHYSICIAN'S M.I.		
	NAME (Type) A LBERT ROTH	SHOKIVERDALE RD, KIVERDALE, M	D
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Burial Dec 22, 1965 Gate of Hea		e)
1	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
3	F. Gasch's Sons Hyattsville, Md.	DATEC 27 1965 Johnster Judge	

VR AI5 (4) 20M 1/65

Tendent and the second of the no of the transfer of the transfer ONE DT TENNI HEER TO SYMPHON THEY ENGLISHED IN Agency August 1803 , Edward

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2079 CERTIFICATE OF DEATH

	10012	1			0=1(11111	0/11	- 0. 01/					10	i ha c	all .
1.	PLACE OF DEATH						2. USUAL RES a. STATE		here deceased	lived, If in:		- wa	before ac	lmission
	Prince				MARYL	AND		yland			Pri	nce.	ligo	es
	b. CITY OR TOWN	N (if outside corpora and give nearest tow	te limits.	,	LENGTH OF STAY	IN 1b	c. CITY OR TOV	VN (If outsi	de corporat	e limits, wr	ite RURAL	and giv	e neares	t town)
	Riverd	ale					Lau	rel		/	3 X.	2		
	d. NAME OF HOS	PITAL OR INSTITUTION	ON (if not	in hosp	oltal, give street ad	idress)	d. STREET ADD	RESS				0	IS RES	IDENCE
	Eugene	Leland Me	mori	al H	ospital		35 E	v-Mar	Mobil	e Vill	a ge	Y	-	NO 🗌
3.	NAME DF	Fi	rst		Middle		Last	4.	DATE	Mont	1	Day	Yea	ır
	DECEASED (Type or print)		elyn		Rose		Messenge	er	DEATH]	Decemb	er	31,	19	65
5.	SEX	6. COLOR OR RACE	7. MARI	RIED X	NEVER MARRIED	1 2	. DATE OF BIRT	Н	9. ACI	(In years birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.
	Female	white	WIDO] DIVORCED		9-17-21		144	yrs.				Milit.
108	. USUAL OCCUPAT	ION (Give kind of work	done 1	Ob. KINI	OF BUSINESS OR		11. BIRTHPLA	CE (County	& State, or fo	reign country			F WHAT	
uuı	Housewi	ng life, even If retire ie	a)	"Ö"	wn Home		Telo S	t Virg	rinia		US	DUNTRY	•	
13.	FATHER'S NAME		1			- 1	14. MOTHER'S				I UL	253.		
	Clare	nce Reed				100	Unk	nown						
15 (Ye	. WAS DECEASED E	VER IN U.S. ARMED FO	RCES?	16. SO	CIAL SECURITYNO.	17.	INFORMANT			Addres	ss			
	No	(11 Jeografia in an ances	i sci viscy				Husband	d/Medi	cal Re	ecord				
	18. CAUSE DF	DEATH [Enter only on	e cause									INTER	VAL BE	WEEN
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	C	EREBRA	L	THRON	e BOSC	ſ			UNSI	T AND I	
	332	X DUE												
	Conditions, If a		(b)											
	gave rise to		, ,											
u	cause (a), standerlying cause	actue fire f												
NO		ICNIFICANT CONDITION	(c) ONS CONT	RIBUTI	NC TO DEATH BUT N	OT RELA	ED TO THE TERM	INAL DISEAS	SECONDITIO	NCIVENIN	PART 1(a)	119.	WAS AU	
ATI			4									YES	PERFOR	MED?
TE	20a. ACCIDENT	WAS UNDERLYING	1 20	b. DES	CRIBE HOW INJUR	Y OCCU	RRED. (Enter nati	ure of injur	y in Part I	or Part II o	f Item 18.		, []	NO LI
CERTIFICATION	OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE OF DEA	TH NER)				THE CONTRACT OF THE CONTRACT O		, ,		. 110111 201			
CAL		NJURY Month, Day,	Year 2	Od. INJL	RY OCCURRED 20		E OF INJURY (Ho		20f. (Clty	or town)	(Cou	nty)	(5	itate)
MEDICAL	Hour a.m			hile work	Not While at work	ractor	y, street, omce bi	ug., etc.)						
	21. I certify	that (I) (this hos	ital) at	tended	the deceased from	om_/2	-28	_ 1965	_, to/2	-31	196	<u>ٽ</u> . thi	at (1) (v	(e) last
		eased alive on	12	- 30	19 65 , ar	nd that	death occurred				and on the	he date	stated	above.
	22a. SICNATUR	E						-, -			22b. D.			
		C. 1. TR	Jus	me	w	M.D.	PHYS.	MED. DIREC	TOR P	TAFF HYS.	12-	31-6	5	
	22c. PHYSICIAI NAME (Ty	(00					22d. ADDRE							
		C. J. H	oumar	nn, l	M. D.		4404 0	lueens	bury I	Road,	River	dale	, Mo	
23a	REMOVAL (Spe	-10-0		1	4.0 4.4		OR CREMATORY		d. LOCATI	ON (City, to	wn or cou	inty)	(St	ate)
	Kemoral	12/3/	65			Fun	ual Hom		Traf	ten		we		w.
24	FUNERAL DIREC	1 1			ADDRESS	,	25a.	REC'D BY	REGISTRA	25b. RI	CISTRAR'	S SICNA	TURE	
	1. Hacc	kis Suns 47	392	Balt	Hore Herate	tovil	le In DAT	AN 5	1966	fee	icarely	1 Jus	dge	
					0		,					U		

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	a madine J	The same about
ELECTRICAL DESCRIPTION OF THE PROPERTY OF THE PERSON OF TH		
	The same of the sa	
must those establish with 15.	Ves skiller F	2/4 2/2/20

FOR STATE HEALTH DEPT.

O DEPUTY MED. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay we necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH

	15873 MED	ICAL	EXAMINER			CATE		DEAT		E 1, 191 <i>1</i>	2	125	5_
1.	PLACE OF DEATH a. COUNTY Prince George		MARYLA	ND	2. USUAL R a. STATE				d, If inst b. COUN		esidence	before ad	mission)
	b. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town) Cheverly	lts,	c. LENGTH OF STAY II	N 1b	c. CITY OR T	own (If		corporate II	mits, wri	te RURAL	and give	neares	t town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF Prince George Gener			ress)	d. STREET A	DDRESS		and P	3		101	IS RES ON A F	IDENCE ARM?
3.	NAME DF First DECEASED	0.1 110	Middle		Last	L. I	4. DAT	ock R	Month)	Day	Yea	r
5.	(Type or print) Jame		Nichola Nichola	1 0	Mil. DATE OF BI		DEA	9. AGE (II	years	IF UNDER	1YEAR		24 HRS.
IDs		DOWED	DIVORCED [22 Dec.			43	yrs.	Months	Days ITIZEN (Hours	Min.
lur	ring most of working life, even if retired) Power Lineman	INC	oustry Govternme	ant.	Maryl		ate or ro	reigii coun		C	S.A.	?	
13.	. FATHER'S NAME				14. MOTHER								
15 (Ye	Thomas Miless WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unkown) (If yes give war or dates of servi	? 16. St	OCIAL SECURITYNO.	17.	INFORMANT	(H120	dys F	Barbou	Addres	S			
-	YES WW II and ke		e for (a), (b), and (c).]		s. Bett	y Mi	les		Alex	andri	INTER	VAL BE	
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)_		Cardiac t								1	inut	
Conditions, if any, which gave rise to immediate DUE TO Laceration of left ventricle Fracture of left 4th rib and sternum													
cause (a), stating the underlying cause last. DUE TO Trauma—auto accident													
SALION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUT	ING TO DEATH BUT ND	TRELA	TED TO THE TER	RMINALD	ISEASE C	ONDITION	IVEN IN	PART 1(a)		WAS AL PERFOR	
CERTIFIC	2Da. EXTERNAL CAUSE WAS PRIMARY (S) OF CONTRIBUTING ☐ CAUSE OF DEATH.	2Db. DE Driv	er of car	whi	ch ran (ature of	injury in	Part For land hi	eart II o	f Item 18 ole	1.)		
EDICAL	2Dc. TIME OF INJURY Month, Day, Year 4:20 amp.m. 12 4 1965	While at work		e. PLAC factor	or of INJURY by street, office of nr st	Home, fa	rm, 2Df (c.) 210	P.G.	town)	(Co	unty)	Md	State)
2	21. I certify that I took charge of		ins described abov	e, hel	d an Autopsy			tion 3,	Inqu	iry 🖈	and	in my	opinion
	death resulted from: Natural of us	ses	Accident ,	Sui		Homicio MEDICAL	EXAMIN	IER		manner	Ц		
	ACTUAL SIGNATURE	111	M.D. Piro	2000	_M.D. ASSIST	ANT MEDICA]			DATE -4-6	
_	NAME (Type)	W 5-1	M.D., Rive		Addres	s (Street	, city, to	wn, or cou					
23	a. BURIAL CREMATION, 23b. DATE THER REMOVAL (Specify) Burial 12/7/196	55	A lington		ional C	emet	erv	Arlin	gton	Co.	Va.		tate)
24	Everly-wheatley Funera Alexandria, Va.	al Ho				DE C	7	1965		EGISTRAF		ATURE	
	TITOTOTION TO A A A A A A A A A A A A A A A A A A					PERT IN			11		-61	W.	

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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed whim A hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15ME

5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
18278 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10019					. 16	1)1)
J. PLACE OF DEATH . COUNTY	2. USUAL RESIDEN	ICE (Whare de			ence before	admission)
Prince George's MARYLAND	e. STATE Maryland		b. coun	ce Georg	ra le	
b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16		(If outside corpo				wn)
write RURAL and give nearest town)						100
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS				1 . 15 0	RESIDENCE
The state of the s					ON	A FARM?
Prince George General Hospital	7204 Maryw					ио ₩
3. NAME OF First Middle DECEASED	Last	4. DATE OF	Month	Da Da	y Yes	or .
(Type or print) Willie C.	Moore	DEATH	12	7.7	19	65
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.		IF UNDER 1 YEAR	R IF UNDE	R 24 HRS.
Male White WIDOWED DIVORCED	30 May 1902		63 yrs.	Months Deys	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relied)		or foraign eou		12. CITIZEN	OF WHAT	COUNTRY?
IRON WORKER UNION IRON WORKS	9 MISSISS	ILPDI		17.	S	
13. FATHER'S NAME	14. MOTHER'S MAIDEN			01	7/	
DANIE! MARRI	BELIND	Go	Er			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	5-01		00 4	40	
	BERTHA B. N	LOORE	SAME	AS A	F 7	
18. CAUSE OF DEATH [Enter enty one cause per line for (a), (b), end (c).]				111	TERVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY:				1	NSET AND	
IMMEDIATE CAUSE (e) Heart failure					minut	es
4200 DUE TO						
Conditions, if eny, which averiosclerotic	neart disease			0	ver 5	yrs.
(e), steting the underlying DUE TO						
cause lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(e)		
Y Y					YES T	NO TO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Pert I or Part II	of item 18.)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY — or CONTRIBUTING — 20b. DESCRIBE HOW INJURY OCCURREI CAUSE OF DEATH.			,			
	ACE OF BUILDY /U.	- 1 201 /6"		10		15
20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PI Hour a.m. White Not White fa	LACE OF INJURY (Heme, farrictery, street, office bldg., etc.	m, 20f. (City	er rewn)	(County)		(State)
p.m. 19 at werk at work		i				
21. I certify that I took charge of the remains described above, h	neld an Autopsy .	Inspection	, Inquir	yyx, and	d in my o	pinion
death resulted from: Natural causes Accident . Suj	cide . Homicide	☐, Unc	letermined m	anner 🗍		
	CHIEF MEDICAL	_				
ACTUAL A	ASSISTANT MEN				DATE SIG	INED
SIGNATURE	M.D.				PALL DIC	344DD
EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale,	Md DEPUTY MEDICA	4	_	12-	-13-65	
NAME (Type) John Kehoe, M.D. Riverdale, 1		No. of Street,	eunty) ION (City, town,		(Sta	
DEMOVAL (Specify)	NATIONAL	1011	urtaki	111	V/A .	
BURIAL /14DEC 1965 ARLINGTON	7,	フハトハ	VOION,	V // 10-//	V//T >	
23. FUNERAL DIRECTOR	no DECT	5 1965	AR THE BES	STORY STORY	JUR	
W.W. Champers Co Vuverdace,	DATE	0 1000	6	0	1	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicient and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
PIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Es	OEKIII IOAI	L OI DEATH	3000							
1.	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institutions a STATE b. COUNTY	Residence before admission)							
	b. CITY OR TOWN (If outside corporate limits,) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAI	and give nearest town)							
_	Lanham, mol.	Brentwood, Md.	A IC PECIPENOE							
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street address	d. STREET ADDRESS 4228 - 37th Sty	ON A FARM? YES NO K							
3.	NAME OF PICEASED First Middle	Last 4. DATE Month	Day Year							
	(Type or print) MINNIQ MI	Orrison DEATH Dee,	29 1965							
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH OPTIMIS, 1879 9. AGE (In years IFUNDER last birthday) Months yrs.	Days Hours Min.							
10a dur	a. USUAL OCCUPATION (Give kind of work done industry industry industry) 10b. KIND OF BUSINESS OR INDUSTRY		ITIZEN OF WHAT OUNTRY?							
	Housewife -		S.A.							
13.		14. MOTHER'S MAIDEN NAME								
15	Lawrence Jones . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mollie Beard								
(Ye	es, no, or unkown) ((fryes give war or dates of service)	r. Hubert Morrison (above	address)							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(Son)	I INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: Cereler al	dimbos	ONSET AND DEATH							
	332X DUE TO	-7-								
	Conditions, If any, which gave rise to immediate (b) Cerellar al a	ellewsclerous,								
	cause (a), stating the underlying cause last. (c) Therefore a reline cause last.									
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item 18	3.)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)							
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	tory, street, office blug., etc.)								
	21. I certify that (I) (this hospital) attended the deceased from	July 16, 1964, to Dec 29, 190	5, that (I) (we) last							
		at death occurred at 10 M, from the causes and on	the date stated above.							
	22a. SIGNATURE Day B Comeron M.	D. ATTENDING MED. STAFF 12.	DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type) DON B. CAMERON	3503 PERRY ST	NIER MA							
23a	REMOVAL (Specify)		unty) (State)							
24	Removal 12/31/65 Live-Oak		V Ala.							
1 24	Nalley's Funeral Mt.	Reinier								
	Home Inc. Mar y	Tand Date AN 4 1966 found	Auge .							

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FOR STATE HEALTH DEPT

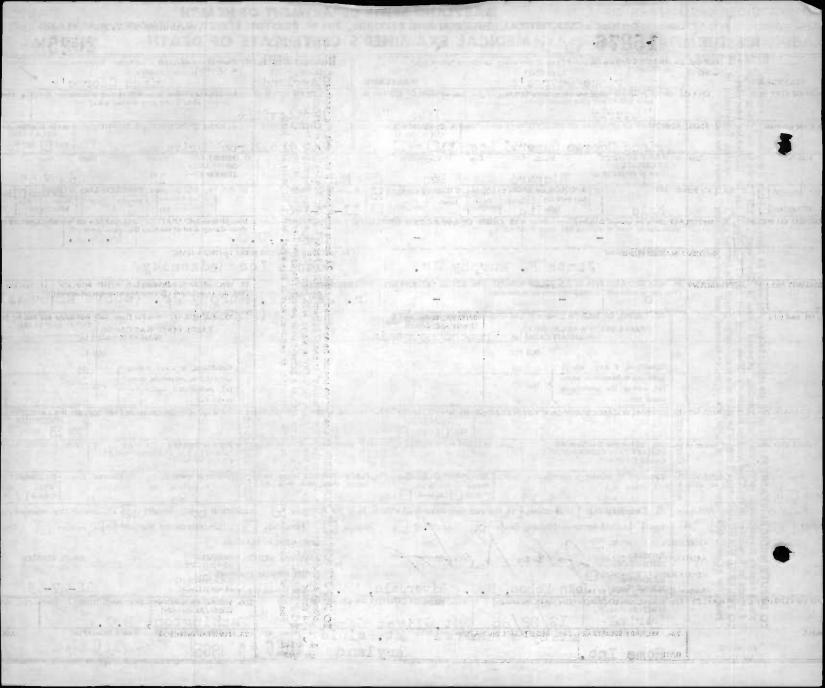
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16876 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 211958

_					1	Show Collins					
	PLACE OF DEATH o. COUNTY			ICE (Where decessed lived, If		ce before edmission)					
	Prince George's	MARYLAND	Maryland Prince George's								
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 1b		(If outside sorporate limits, write							
	Cheverly	DOA	Y Hvattsville								
	d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS			. IS RESIDENCE					
	Prince George General H	Josnital	5007 Kno7	lbrook Drive		YES NO TO					
3.	NAME OF First	Middle	Lest Lest	14. DATE Mont	h Day	Year					
	(Type or print) Richard	Allen	Murphy	OF DEATH 12		6 19 65					
5.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.					
			1-27-1965	last birthdey)	Months Deys	Hours Min.					
10a	. USUAL OCCUPATION (Give kind of work 1	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stets		1 12. CITIZEN O	F WHAT COUNTRY?					
	ne during most of working life, even if retired)	- 1	Wash.,I	.C.	U.S.A						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN			11					
	James F. Mu	rphy Jr.	Bonnie I	Lee Redzensky	y						
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addrass							
(Ye	s, np, or unkown) (If yes give wer or detes of service			Murphy Jr.	(above	address)					
	18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), end (c).)		Father)	INT	ERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	ronchopneumonia			ON	SET AND DEATH					
	491 X DUE TO	r one no pro amorita									
7											
	Conditions, if eny, which (b)										
	(e), steting the underlying DUE TO										
٠	eause lest. (c)										
8	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 15	P. WAS AUTOPSY PERFORMED?					
E					Y	ES NO					
CERTIFICATION	20%. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED.	(Enter neture of Injury in	Pert I or Pert II of item 18.)							
₹	20c. TIME OF INJURY Month, Dey, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fer	m, ! 20f. (City or town)	(County)	(State)					
MEDICAL	Hour e.m.		ory, street, office bldg., etc		(County)	(31616)					
	21. I certify that I took charge of the	remains described above, he	d an Autopsy x	Inspection x, Inquir	y X, and	in my opinion					
6			de . Homicide		. [23						
		7	CHIEF MEDICAL	_							
	ACTUAL	1 1/10									
	SIGNATURE /	· UNIT	M.D.	DICAL EXAMINER	D	ATE SIGNED					
	examiner's John Kehoe, M	1.D. Riverdale, M		L EXAMINER (12	-27-65					
22e	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	, or county)	(Stete)					
	REMOVAL (Specify) Burial 12/28/65	Mt Olderst O	awa 4	Washington	DC						
23.	Burial 12/28/65 FUNERAL DIRECTOR Nalley's F	TING TO ADDRESS ME RO	inier 24a. RE	C'D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATU	RE					
	Homm Inc.	Marylan Marylan	nd DEC	29 1965 pel	carles Jus	tge.					
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before ad

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1.	PLACE OF DEAT	Н		#2-13.1m #123	12	2. USUAL RESIDEN				Residence	before ad	mission)
		Prince G	enroed	MARYI	AND	a. SIAIE SC	outh Ca	aroliha coun	411			
	b. CITY OR TOV	VN (If outside co	orporate Ilmits.	c. LENGTH OF STAY		c. CITY OR TOWN (II	f outside cor	porate limits, wr	Ite RURAL	and giv	e neares	t town)
		Cheverly		2 days				7	11.	3		
	d. NAME OF HO			hospital, give street ac	idress)	d. STREET ADDRESS				0	ON A F	DENCE ARM?
_		Georges	REARBARS	Hospital			Maple S			- '		ND 🗌
3.	NAME OF DECEASED (Type or print)		First	Middle		Last	4. DATE OF DEATH	Mont		Day	Yea	
-	SEX	1 6 00100 00	Evelyn			esbitt		Dec		20		65
Э.	SEA	b. CULUR UR	RACE 7. MARRII	ED NEVER MARRIEL		B. DATE OF BIRTH	9.	AGE (In years last birthday)	Monthe	Dave	Hours	Min.
-	ale	Negro	WIDDWI	ED DIVORCE		28 April	1895	70 yrs.	MOHUIS	Days	Hours	1411111
10	. USUAL OCCUPA	TION (Give kind o	fwork done 1Db	. KIND DF BUSINESS OR		11. BIRTHPLACE (C) 12. 0	ITIZEN	OF WHAT	
du	ing most of worl	king life, even If	retired)	INDUSTRY		South C	- 1 y - 1		C	DUNTRY	?	
13	. FATHER'S NAM	ME				14. MOTHER'S MAIL						
		Parris V	anDyke Sr	malls		Annie	Single	ton				
	. WAS DECEASED			6. SOCIAL SECURITY NO		INFORMANT	min-t	Addre			1.2	100
	No				Sa	dye Geneva	Nesbit	t - daug	hter,	So.	Car	
	18. CAUSE OF	DEATH [Enter o	nly one cause pe	t line for (a), (b) and (c).]	10 0	1	0	0	INTE	YAL BET	WEEN
	PART I. D	EATH WAS CAUS	ED BY:	I oulestine		Heart to	alus	Sec.	Tot	HP H	AND D	EATH
	2.1	A V		1 10.1.	- (1-1		1	1	4200	·	
	Conditions, If	any, which \	DUE TO	NO X CITY	9	million	1					
-3	gave rise to		(b)	man many me								
	cause (a), s underlying cau		DUE TO									
No			(c) NDITIONS CONTRI	IBUTING TO DEATH BUT N	OTRELA	TED TO THE TERMINAL	DISEASE CON	IDITION GIVEN IN	PART 1(a)	19.	WAS AU	
CERTIFICATION		the live of								YE	PERFOR	MED?
IE.	20a. ACCIDENT	WAS UNDERLYI	NG □ 20b.	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	of injury in P	art I or Part II o	f Item 18	3.)		
CER	OR CONTRIBUT	WAS UNDERLYI ING CAUSE O TIFY MEDICAL I	F DEATH EXAMINER)				30.5					
		INJURY Month,		. INJURY OCCURRED 12	De. PLAC	CE OF INJURY (Home, f	arm. 20f.	(City or town)	(Co	unty)	(S	tate)
MEDICAL	Hour a.		Whi	le - Not While -	factor	ry, street, office bldg., e	etc.)	(4.0)	- 5			
Σ		.m.	19 at w	ork at work			0 10		10	Ale	-	io) lood
		ty that (I) (this		nded the deceased fr		death occurred at		om the name				
	22a. SIGNATU		4 7	, a	iiu tiiat	death occurred at	T S C O INI 41	OIII LIIE Gauses		DATE SIG		abbyc
	/-Im o	11.	Man V	· naM		ATTENDING	MED.	STAFF X			0, 19	065
	22c. /PHYSICI	AN'S	- (Jur	ma road	M.D.	PHYS	DIRECTOR (PHYS. X	De	L. Z	0, 1.	505
	NAME (T	(ype) Ros	sa L. Bar	clin, M.D.		Prince G	eorge '	s Genl Ho	osp.	Chev	erly	Md.
238	BURIAL, CREI		DATE THEREOF	23c. NAME OF CE	METERY			DCATION (City, to				ate)
	REMOVAL (SP	acify)	-21-65/	Fieldings		eral Home		rleston,				na
24	. FUNERAL DIR	ECTOR ATE	v d looks					STRAR 25b R			ATURE	
	a	Ceios	11.18			D.C. DATE	27 1	965	will	D Ju	- Salar	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNRAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

16879 CERTIFICATE OF DEATH

											-	
1.	PLACE OF DEATH	1			- 11		ENCE (When	re deceased lived, II		Residence	before ac	(mission
		George's		MARYLA	ND I	a. STATE Mary 1	and		ounty ince G	eorge	15	
	b. CITY OR TOW Write RURAL	N (if outside corporate I and give nearest town)	imits,	c. LENGTH OF STAY IN		c. CITY OR TOWN	(If outside	corporate limits				st town)
	Chever	_		10 days		Colle	ge Pa	rk				
		SPITAL OR INSTITUTION (if not in ho	spital, give street add	ress)	d. STREET ADDRE				0.	IS RES	DENCE
	Prince	George's Ge	nenal	Hospital		1 3520	Duke	Street		Y		
3.	NAME DF	First	ACT GT	Middle		Last	4. D.		onth	Day	·Yea	
	DECEASED (Type or print)	Mar		G	87	Payne	D.	F	mber	10		65
5.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	7 8.	DATE OF BIRTH		9. AGE (In year	rs IF UNDE	R 1 YEAR		
F	'emale		WIDOWED &			arch 21,	1898	67 yrs		Days	Hours	Min.
		TON (Give kind of work dor ing life, even if retired)	e 10b. KII	ND OF BUSINESS OR				State, or foreign cou	ntry) 12. (ITIZEN C	F WHAT	r
dur	Housewi	ing life, even If retired)	IN at	pustry t home		DC.			0	OUNTRY?		
13	FATHER'S NAM		(3.1	C Home		14. MOTHER'S M	AIDEN NAM	A F				
P	enjamir	OVER IN U.S. ARMED FORCE	F00 10 F			Cather	rine	Lee	4			
(Ye	s, no, or unkown)	(If yes give war or dates of se	vice) [- 7	OCIAL SECURITY NO.			_		dress			
	No	None	15/	7 26 1039	Ray	ymond T.	ayn	e 3520	.Duke	st		
		DEATH [Enter only one c	ause per lin			-	0				VAL BE	
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Remo	el Parluse	a	outs in	ohrou	in with.	esseu.	ONSE	AND	VEATH
5	1000		10000	1	10					- A	7	
	6000	DUE TO	11/1	of nice by	ina	7- 11	nan				5 0	es
	Conditions, If gave rise to		7	eve mypo	Var	001 100	V10-0	VIC		-	1	10
	cause (a), st											
_	underlying caus											
9	PART II. OTHER S	SIGNIFICANT CONDITIONS									WAS AU PERFOR	
CA		Log serte	usis	u card	100	us our.	er a	SOLAS		YES		NO V
TE	20a. ACCIDENT	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY	OCCUR	RED. (Enter nature	e of Injury	In Part I or Part	II of Item 1	B.)	- Land	
CERTIFICATION	OR CONTRIBUTI	ING CAUSE OF DEATH TIFY MEDICAL EXAMINES	0									
		INJURY Month, Day, Yea		JURY OCCURRED 20e	PLACI	OF INITION (Home	a form 2	Of (City or town) (Co	unty)	- (State)
MEDICAL	Hour a.r			Not While	factory	, street, office bldg	g., etc.)	or. (orty or town	, (00	unty/	"	Juic)
ME	p.1	m. 19	at work	at work								
	21. i certif	y that (I) (this hospita	l) attende	d the deceased from	n		1958	to /2/10	, 19	, tha	it (I) (v	we) last
		- /		1965, and		death occurred a	atN	I, from the caus	es and on	the date	stated	above.
	22a. SIGNATUI		11/							DATE SIG		
	the lives	11111 1	110	U	M.D.	ATTENDING PHYS.	MED.	OR PHYS.	Dec.	10	196	5
	22c. PHYSICIA					22d. ADDRESS			_ · DCC.	10	100	, ,
	NAME (T	Peter D	uus, M	1.D.		6124 Cer	itral	Ave. Capi	tol He	eight	s, M	ld.
232	. BURIAL, CREM	IATION. 23b. DATE THE	REOF I	23c. NAME OF CEMI	FTFRY (LOCATION (City				tate)
	Buria	12-14-6										
2/	. FUNERAL DIRE	1)	Arlingto		1 250	DECID DV D	rlingto	REGISTRA	L'ELI	JIIRE	
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Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	0				2. USUAL RESIDENCE a. STATE	E (Where do	b. COIL	NTY			
-	Prince b. CITY OR TOWN (if outside write RURAL and give n	e corporat	te limits,	MARYLAI		c. CITY OR TOWN (If	4		rite RURAL	0		
	write RURAL and give n		n)	13 hr		Che	verly					
	d. NAME OF HOSPITAL OR I		N (if not in he		ress)	d. STREET ADDRESS				е.	IS RESIDENCE ON A FARM?	
	Prince George	s ger	neral I	Hospital		642		dover Rd			s No	
3.	NAME OF DECEASED	FI	rst	Middle		Last	4. DATE			Day	Year	
_	(Type or print)	Ch	arles	H	1.0	Phillips	DEAT		ec.,	12	1965	
5.	SEX 6. COLOR	UR RACE	7. MARRIED] 8.			. AGE (In years last birthday)	Months	Days	Hours Min.	
	ale White	nd of work	WIDOWED	DIVORCED [2 Feb., 19		57 yrs.	1 10 0	ITIZEN O	EWHAT	
dur	ing most of working life, eve	n If retire	d) [] []	IND OF BUSINESS OR NOUSTRY	+	Califo		e, or foreign countr	y) 12. C	OUNTRY?	r WIMI	
	Retired FATHER'S NAME			dovernmen		14. MOTHER'S MAID			0 3	A		
13.	Horatio Ph	illir	ns				ie Jo	hngan				
15	. WAS DECEASED EVER IN U.S			SOCIAL SECURITY NO. 1	17 1	NFORMANT	16 00.	Addre	200			
(Ye	s, no, or unkown) (If yes give y	ar or dates o	f service)	nO		nnie R Phi	lling			A.3		
-						mie k rni.	rrips	-never	ту, г		VAL DETWEEN	
П	18. CAUSE OF DEATH [Ent	AUSED BY				Tafanatian				ONSET AND DEA		
	IMMEDIA	TE CAUSE	(a) AC	ute Myocardi	Lal	inrarction				-		
	Conditions, If any, which	DUE	0-	ronary Occlu	orio	n (antonion	done	anding)		1000		
	gave rise to immediate	1		ronary occit	1210	ii (aiitel·101	desc	ending				
	cause (a), stating the underlying cause last.	DOE		ronary Arter	nios	claratic He	ant D	icasca				
NO	PART II. OTHER SIGNIFICAN	CONDITION	ONS CONTRIBL	TING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN IN	PART 1(a)		WAS AUTOPSY PERFORMED?	
CAT											NO [
CERTIFICATION	20a. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDIC	RLYING DEA SE OF DEA AL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	injury in i	Part I or Part II	of Item 18	.)		
MEDICAL	20c. TIME OF INJURY Me	nth, Day,	Year 20d. I		e. PLAC	E OF INJURY (Home, fa	rm, 20f.	(City or town)	(Col	unty)	(State)	
WED	Hour a.m. p.m.	19	While at work	Not While at work	Tactory	, street, onice blug., e						
	21. I certify that (I) saw the deceased ali	this hos	pital) attend	ed the deceased from	m De	doath occurred at	9 6) , to	De Contel	2 , 19 6	t, the	at 44) (we) last	
	22a. SIGNATURE	ve on pac	1	× 15 × 1, and	LIIIaL	ueaui occurreu aca	111, 1	Toni the Gauses	22b. D	ATE SIG	NED , /4 /	
H	revenil	1	enry	Wilhelm	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	Dech	nbel	3 1461	
	22c. PHYSICIAN'S NAME (Type) Fre	deric	k Henry	y Wilhelm, M	I.D.	22d. ADDRESS	undere	Rord	: (h	evel-	+ Me	
23a	BURIAL, CREMATION, 23	b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. L	OCATION (City,	town or co	unty)	(State)	
		ec 14	, 1965		oln	Cemetery		lmar Man	or, M	ld.		
24	FUNERAL DIRECTOR Gasch's	Sone	Ниа	ADDRESS ttsville, N	Md		D BY REG	ISTRAR 25b	REGISTRAR	'S SIGNA	TURE	
	- Tubble B	-0115	ilya	COSVIIIC, I	· DI	DATEC	161	965		1	0	

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VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

VI.	1880	1	CERTIFICAL	L OI DEATI	1		2020	
	1. PLACE OF OEAT a. COUNTY		iegrges .	2. USUAL RESIDEN a. STATE		b. COUNTY		mission)
	h CITY OF TOW	「M (if outside corporate ii	VALLE/ MARYLANO	c. CITY OR TOWN (III	ryland		r. Geo.	
	write RURAL	and give nearest town)	C. LENGIN OF STAT IN 10	V			and give neares	Lowiij
		stville	f not in hospital, give street address	d. STREET ADDRESS	estville		e. IS RESI	DENCE
1						Month	ON A F	ARM?
-		ville Nursi			th Ave,			NO L
	DECEASEO	First	Middle	Last	4. OATE	Month	Oay Yea	
1	(Type or print) 5. SEX	Addie	Elsie	Pickett 8. DATE OF BIRTH	I 9 ACF	ec. 31 (In years IF UNOER	19 1 YEAR UF UNDER	65 24 HRS.
1	-		MARRIEO NEVER MARRIED DIVORCEO DIVORCEO		last	birthday) Months	Days Hours	Min.
	F'emale 10a. USUAL OCCUPAT	TION (Give kind of work done	10b. KIND OF BUSINESS OR	June 14,		6 yrs. ign country) 12. C	ITIZEN OF WHAT	
	during most of work	ing life, even if retired)	INOUSTRY	Illino		C	OUNTRY? USA	
	Retire		US Govt.	14. MOTHER'S MAII			ODA	
		Marshall		Mary Al				
	15. WAS OECEASEO	EVER IN U.S. ARMEO FORCE	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	1.011	Address		
		(If yes give war or dates of sen		rances Pic	kett	Camo ac	#2	
	NO 1 18. CAUSE OF	DEATH [Enter only one ca	wse per line for (a), (b), and (c), 1	ances Fig.	ACUU	Same as	I INTERVAL BET	WEEN
		EATH WAS CAUSED BY:	Monto	Cinca	Patan	tail	ONSET AND O	TH
	420	IMMEDIATE CAUSE (a)_ OUE TO	· Church	Corcu	CN/	1 occur	41	7,1
	Conditions, If		ASHO	A (avon	onsthe	suffici	ences	
	gave rise to cause (a), s	immediate (1	00	1//	
1	underlying caus	tuting the			V		1	
	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO OEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASECONOITION	BIVEN IN PART 1(a)	19. WAS AU	TOPSY MEO?
_	PART II. OTHER:	nerals	zld Unterior	elevosis	-c Lovel	e Drain	ANES D	NO 🗹
	20a. ACCIDENT	WAS UNDERLYING DEATH ING DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature o	f Injury In Part I or	Part II of Item 18	.)	
	20c. TIME OF Hour a.	INJURY Month, Oay, Year	fact	ACE OF INJURY (Home, factory, street, office bldg., e		r town) (Cou	inty) (S	tate)
	p.		While Not While at work	2 1		礼		
	21. I certif	ly that (I) (this hospital) attended the deceased from	ally, 1	9 65, to 2	C31, 19C	25, that (1) (w	e) last
		ceased alive on	5/ 19 65, and the	at death occurred at	M, from the	causes and on t		above.
	22a. SIGNATU	-	4: 11.	ATTENOING -	MEO. ST	AFF - 17	ATE SIGNED	1
	72c. PHYSICI	IN'S	miller M.	D. PHYS.	OIRECTOR PH	YS.	101/	_
	KEL U	ype) // L. A	MINCHIN MI	2 7200 M	PAKLBO	DRO PIN	(ESE	
	23a. BURIAL, CREM REMOVAL (SP	MATION, 23b. OATE THE	REOF 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	N (City, topin of co	WING H DEC	19000
	Burial	11/4/60	Washington				aryland	
	24. FUNERAL OIR		300 ADDRESSt.,	IV E	C'D BY REGISTRAR	1.021 1		
	J. Wm.	Lees Sons,	Washington D.	C. OATEA	N 5 1966	fillerre	es judge	
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FOR STATES HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	

	LACE OF DEATH					2. USUAL RESIDE	NCE (Where	decessed lived, If	institution: Ra	sidence bafore	edmission)
8	. COUNTY			MARYLA		e. STATE		b. COU	_		
- b		outside corporate lim		c. LENGTH OF STAY		Maryland	l (If outside so		nce Geo		.wnl
		give neerest town)	,			V	· (II. Odiside 40	ipoiote iiiiia, witi	o KOKAL BIIG	give medical ic	W11)
	Chillum					XChillum '					
4	. NAME OF HOSPITA	AL OR INSTITUTION	if not in hos	spitel, give street eddress		d. STREET ADDRES	55	*			RESIDENCE A FARM?
	803 Berksl	hire Drive				803 Berks	shire D	rive			NO X
3. 1	VAME OF	First		Middle		Last	4. DATE		h	Day Ye	ar
(Type or print)	Herbert		Edward		ollock	OF DEAT	^H 12		22 19	65
5. 3	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED] 8.	DATE OF BIRTH		9. AGE (In years last birthday)			R 24 HRS.
	Male	White	WIDOWE	D DIVORCED	7/1	Aug. 1904		67 yrs.	Months Da	Hours	Min.
10a.	USUAL OCCUPATION	ON (Giva kind of worl	10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sta	ta or foreign e	ountry)	12, CITIZ	EN OF WHAT	COUNTRY?
don	rchant(O	king life, oven if retire	41	dio & TV S	hop	Maryland	£		USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	yis Poll					Anna Kell	lman				
15,	WAS DECEASED EVE	R IN U.S. ARMED FOI	CES7 16.	SOCIAL SECURITY NO.			11000	Addres	Chill	um, M	d.
Ye	s Ar	my-WW11			Sar	ah Pollo	ck 803	Berksl	hire R	d.	
			cause per l	ine for (a), (b), and (c).)	- 1					ONSET AND	
		I WAS CAUSED BY: MMEDIATE CAUSE (a)	Hear	rt failure						minut	
	1/210	DUE TO									
	Conditions, if eny,				- 1-					unknow	
11	gave rise to immediate cause										
	(a), stating the undarlying DUE TO										
1 33	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
§	PART II. OTHER	SIGNIFICANT CONDI	TIONS COP	NTRIBUTING TO DEATH B	ION TU	RELATED TO THE TERA	MINAL DISEAS	E CONDITION GI	VEN IN PART 1		ORMED?
181											NO TO
12	20s. EXTERNAL CAPRIMARY ☐ or CONCAUSE OF DEATH.		20b. DESCI	RIBE HOW INJURY OCCU	JRRED. (Enter nature of injury In	Pert I or Pert	II of item 1B.)			
	20c. TIME OF INJUR	Y Month, Day, Ye	1204	INJURY OCCURRED 20	a DI A C	E OF INJURY (Home, fa	1 204 10	ity or town)	ICa		(01-1-1
MEDICAL	Hour a.m.	Monin, Day, Te	While			ry, street, office bldg., e		ity or town)	(Count	71	(State)
X .	p.m.	19		k at work							
	21. I certify the	at I took charge	of the rem	nains described above	e, hel	d an Autopsy	Inspection	n 🔀 Inqui	ry K	and in my	opinion
	death resulted fr	om: Natural ca	auses X	Acciden .	Suicio	le . Homicide	e [], U	ndetermined n	nanner		
		^	1	4//		CHIEF MEDICA	L EXAMINER		_		
	ACTUAL	(Ja		Make ~	0	ASSISTANT M				DATE SI	CNED
	SIGNATURE	114	m	197		M.D.				DATE 01	
	EXAMINER'S NAME (Type)	obb Kellos	M.D.	Riverdale.	Ма	DEPUTY MEDIC Address (Street		4.2.	10	2-22-65	
22a.	BURIAL, CREMATION	obn Kelloe, N 226. DATE THERE	OF	22c. NAME OF CEMET				ATION (City, tow	n, or sounty)	(5)	oto)
-	REMOVAL (Specify)	12/24/6		Arlington	Nat	. Cem.	Arlin	gton, 1	/irain	ia	
	ITI AL FUNERAL DIRECTOR) P	ADDRESS	1101		1	TRAR 246. REC		and the same of th	
23.		\ /	-			ne A		0271	11 61	udge	
P.	Danzans	ky & Son	350	1 14th St.	. N	. W. PORTE	27 191	00	A Com	-	

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ROLL VEID AND HE & C. R. Logic Policet for the little fall of the sail the second and the

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES

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INTERVAL BETWEEN

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NO X

(State)

(State)

SIGNATURE

YES |

19 65

NO

VR A15 (4) 15M 4-64

te becomer 2, 1904 95 Internea Constanction All John Porter Unknown 579-28-387 Many Pontes Sume no 20 the state of the s br. Commission . No. 1 and Terror Co. . No. Caleston . No. 1 and 1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

6

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEAT a. COUNTY	Н				ENCE (Where	deceased lived, If ins		dence before adm	ission)
	George's		MARYLAND	a. STATE	land	b. cour		eorge's	
b. CITY OR TOW	VN (if outside corpora and give nearest to	ate limits,	c. LENGTH OF STAY IN 1b			orporate limits, wr			town)
Chever	_		1 day	Laure	21			16-1	
		ON (if not in h	ospital, give street address)					e. IS RESID	
Prince	George's G	eneral	Hospital	602 N	Main St	reet		YES N	
3. NAME DF DECEASED	F	irst	Middle	Last	4. DAT	E Mont	h	Oay Year	
(Type or print)		aby	Girl	Powell	OF DEAT	TH Decem	ber :	28 19 6	55
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y		
Female	Negro	WIDOWED	DIVORCED	Dec. 27, 1	1965	yrs.	Months Da	1 Hours	Min. 42
1Da. USUAL OCCUPAT during most of work	TION (Give kind of working life, even If retir	k done 1Db. K	IND OF BUSINESS OR NDUSTRY			te, or foreign country	COU	ZEN OF WHAT NTRY?	
				Prince Ge		, Marylan	d US	Α	
13. FATHER'S NAM	ME C · C	4	0 h	14. MOTHER'S M	ALOEN NAME	h		P. Carlotte and C. Carlotte an	
Melvin	Silv	ester"	Powell	Cherij &	Elisal	with a	mere	ca	1
15. WAS OECEASED (Yes, no. or unknwn)	EVER IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	0	Addre	SS		
no									
18. CAUSE DF	DEATH [Enter only o	ne cause per l	ine for (a), (b), and (c).]		,			INTERVAL BETV ONSET AND DE	VEEN
PART I. D	EATH WAS CAUSED B		tolo- house	both	1	,		OUSEL WAD DE	AID
762-5			ejer jujis	7.6	J				
Conditions, If		10	1	1					
gave rise to	Immediate ((b)	y ena for	1					
cause (a), s underlying cau	stating the	E TO					3112		
		(c)	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINA	AL OISEASE CO	NDITION GIVEN IN	PART 1(a)	19. WAS AUT	DPSY
ATIO	SIGNII IONII OONDII	TONO DOMINION	DINI TO DEATH DOT NOT NEE	ALD TO THE TERRITOR	AL OIGH IOL GO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFORM	IED?
S	WAS HAIDEDLYING	1 Loph	OESCRIBE HOW INJURY OCC	UDDEO (Fater actual	o of Industry In	Dort I or Dort II o	of Itam 19 \	YES N	
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	TWAS UNDERLYING ☐ TING ☐ CAUSE OF DE OTIFY MEDICAL EXAM	ATH INER)	DESCRIBE HOW INJURY OCC	ORKEO. (Enter nature	e or mjury m	Patt I Of Patt II C	i item 10.)		
N 20c. TIME OF	INJURY Month, Day	Year 2Dd. I	NJURY OCCURRED 2De. PL	ACE OF INJURY (Home	e, farm, 2Df.	(City or town)	(County	y) (St	ate)
20c. TIME OF Hour a.		While at wor	Mot while	ory, street, office bldg	g., etc.)				
			ed the deceased from De	- 07	10 GE +	. Do	10.65	that (I) (we	a) lact
	eceased alive on			it death occurred a					
22a. SIGNATU	eceased alive on	Dec. 20	, 1999, allu tila	it death peculied a	pin,	HUIII LIIE GAUSES	22b. DAT		above.
40	4 (70. A	- , h.m	ATTENDING	MED.	STAFF XX		28, 196	65
22c. PHYSICI	AN'S	urestee	usin MM M.	O. PHYS. L	DIRECTOR	PHYS. XX	, Dec.	20, 20	
NAME (T	/amal	A. Chri	istensen, M.D.			Avenue,	Colleg	e Pank	Md
DIDIAL COL			- 23c. NAME OF CEMETER			LOCATION (City, to			
REMOVAL (Sp		INEREUF	23C. NAME OF CEMETER	T OK CREMATORY	230.	LOCATION (GITY, U	OTTH OF COURT	J) (3ta	10)
crematio		6	Prince Geo.	Gen. Hosp.	DECID DV DA	hewerly	Manuala	MATHE	
24. FUNERAL DIR	ECTOR)	1 5	ADDRESS	254.	MEG U DI REI	TOTAL 200. 9K	Leisman	/1	
111	Clean	te /	ann.	DOLF	NTZ,	1966 1 /	ionally,	judge	
William A	. Parker,	Assista	nt Adm. 5 —	15384	9	U	- 6		

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	THE ATTEME		Tomals Yeggo
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		and when it is	
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H Dec. 281 1368			
	nnyAuseromining Dutte	A. Conficences, Mil.	be would
All Lands of the	entropy and the	Consein b	NB\1 molderwas g
	Bar Salak	THE CONTRACTOR	ias . Farker.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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2

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 16885

a. COUN	Prince George"	S	MARYLA	AND	2. USUAL RESIDENCE a. STATE Washing				esidence b	efore admission)
b. CITY	OR TOWN (If outside corpora RURAL and give nearest tow	te limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside (corporate limits, wr	te RURAL	and give	nearest town)
WILLO	Chevdrly	,,,	25 days		Washington, D.C. 47x-3					
d. NAME	OF HOSPITAL OR INSTITUTION	ON (if not in h	ospital, give street add	iress)	d. STREET AOORESS		/		е.	IS RESIDENCE ON A FARM?
	Prince George'	s Gener	cal Hospital	.	522 Dec	cater	St. N. W.		YE	s No E
3. NAME OF OECEASI (Type or	EO print)	rst Zdenek	Middle		Ptacek	4. OAT	ATH Decemb	er	0ay 10	Year 19 65
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIOOWEO	NEVER MARRIED DIVORCEO	8. M	DATE OF BIRTH		9. AGE (In years 74 last birthday) yrs.	IF UNDER : Months	Days	Hours Min.
10a. USUAL O during most Baker	OCCUPATION (Give kind of work of working life, even if retire	done 10b. h	NOUSTRY OR		11. BIRTHPLACE (Co		ate, or foreign country) 12. CI	TIZEN O	
13. FATHER Unk	r's NAME nown Ptacek				14. MOTHER'S MAID		known			
	CEASEO EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. I	NFORMANT	71	Addres	S		
(103, 110, 01 0	(11 Jes give was or dates t	JI Service)		Am	elia E. Pta	acek	522 Dec	atur	Stre	et
Condition gave ricause underlyi	USE OF DEATH [Enter only or RT I. OEATH WAS CAUSED BY IMMEDIATE CAUSE DUE ons, if eny, which ise to immediate (a), stating the ling cause last.	To Pulr To Pulr To Myoo (c) Arte	nonary Edema nonary embol cardial infr erioscleroti	i, Se ism acti c he	on and fir	bosis e	, massive		ONSET	VAL BETWEEN T ANO OEATH
ICAT	OTHER SIGNIFICANT CONDITI								YES	WAS AUTOPSY PERFORMED?
20a. AC OR CON (IF EITH	CIDENT WAS UNDERLYING ☐ TRIBUTING ☐ CAUSE OF OEA IER, NOTIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	f Injury in	Part I or Part II o	f Item 18.)	
101	ME OF INJURY Month, Cay, our a.m. p.m. 19	Year 20d. While at wor		e. PLACI factory	OF INJURY (Home, fa , street, office bldg., e	erm, 20f	. (City or town)	(Cou	nty)	(State)
	I certify that (I) (this hos the deceased alive on	pital) attend	led the deceased fro	m	death occurred at	9.57, M.	from the causes	, 19 and on th	f, tha	t (I) (we) last
22a. S	IGNATURE MAIN	ces		M.D.	ATTENDING ===	MED. DIRECTOR	STAFF -	Dec.	ATE SIGN	NED
22c. P	HYSICIAN'S IAME (Type) Peter	Duus, l	M.D.		22d. ADORESS 6124 Cen	tral	Ave. Capi	tol He	eight	ts, Md.
23a. BURIA BURIA	L, CREMATION, 23b. OATE VAL (Specify) 12-13		Cedar Hi		emetery	S	LOCATION (City, to	I	lary1	
24. FUNER Wilhel	M Funeral Home	4308	ADDRESS Suitland Rd	Sui	tland DEC	C'D BY RE	1965 25b BI	EGISTRAR'	SSIGNA	TURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

	1688 1688	OF STATISTIC	CAL RE			, 301 W. PRESTO		ALTIMORE	1, MARYLAND	7
1.	PLACE OF DEATH	Georges	LUSM-	# <i>y</i>	RYLAND	2. USUAL RESIDENCE a. STATE Mar		b. COUNTY	on: Residence before a	
Ī	Riverd		n)	c. LENGTH OF ST		c. CITY OR TOWN (If Riverda		ilmits, write Ri	URAL and give neare	st town)
		SPITAL OR INSTITUTION Leland Me		n hospital, give stree	t address)	d. STREET AODRESS	iver St.		e. IS RES ON A	FARM?
3.	NAME DF OECEASEO (Type or print)		rst	Middle		Last Railton	4. DATE OF	Month cember	0ay Ye	
5.	SEX	6. COLOR OR RACE	7. MARRI	IEO NEVER MARR	IEO X 8	DATE OF BIRTH	19. AGE		OER 1 YEAR IF UNDE	R 24 HRS.
	Female	White	MIDOM			3-10-1878	186/8	7 yrs.		
dui	ing most of work	ION (Give kind of work ing life, even if retire	done 10t	b. KINO OF BUSINESS INOUSTRY	OR	Scotla		eign country) 1	2. CITIZEN OF WHA COUNTRY? USA	T
13	. FATHER'S NAM	E			7.5	14. MOTHER'S MAID	EN NAME			
1.5		t Ballinga					g, Dethia			
(Y)	es, no, or unkown)	EVER IN U.S. ARMEOFO (If yes give war or dates o	of service)	16. SOCIAL SECURITY	NO. 17.	Medical Re	aand	Address		
	18. CAUSE DF	OEATH [Enter only on	e cause p	er line for (a), (b), and	l (c),]	medical ne	COLO		I INTERVAL BI	TWEEN
0.		ATH WAS CAUSED BY				REBROVASC	VLAR A	CCIDEN	T ONSET AND	OEATH
	Conditions, If any, which by CEN. ARTERIOSCLERISCS								UNKNOW	N/
	gave rise to cause (a), si underlying caus	tating the OUE	TO (c)				i lea			
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONOITI		RIBUTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL C	DISEASE CONDITION	NGIVEN IN PART	1(a) 19. WAS A PERFOI YES	UTOPSY RMED? NO
	2Da. ACCIOENT OR CONTRIBUTI (IF EITHER, NO	WAS UNCERLYING ☐ NG ☐ CAUSE OF CEA TIFY MECICAL EXAMI	TH NER)	. DESCRIBE HOW IN	JURY OCCU	RREO. (Enter nature of	injury in Part I o	r Part II of Ite	m 18.)	
MEDICAL	20c. TIME OF Hour a.r		WH	d. INJURY OCCURRED hile Not While work at work		CE OF INJURY (Home, fa y, street, office bldg., e	rm, 2Df. (City (or town)	(County)	State)
	21. I certif			ended the deceased	11 0111		, 10		19 (1) (
		geagea affec bil	27 D	EC. 1965	, and that	death occurred at	AM, from th			d above.
	22a. SIGNATU	(C.)	form	naun	M.0	. PHYS.	MED. ST	TAFF 2	8 DEC, 1	965
	22c. PHYSICIA NAME (T	vpe)	mann.	M. D.		22d. AODRESS	ensbury Ro	ad. Riv	erdale, Md	
238	BURIAL, CREM	ATION, 23b. OATE	THEREOF		CEMETERY	OR CREMATORY		N (City, town o		tate)
	Cremati	on Dec 28	, 196		coln	Crematory		Manor		
24	. FUNERAL OIRE		71	AOORESS	Ma	0.50	D BY REGISTRAR	25b. REGIST	RAR'S SIGNATURE	
	r. Ga	sch's Sons	nya	attsville,	PICE •	DATEC	3 0 1965	1 the	as Juage	

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xacuted within 24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CONTROL OF DEATH 16887 OF CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. CDUNTY Premasa (Tlorge MARYLAND)	a, STATE bocounty
-	h CITY DR TOWN (If outside cornorate limits C LENGTH OF STAY IN 1h	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	X Mt.Rainier
-	d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	7. 1 1 1 1 1	ON A FARM?
1	Paint Granek Kursing Home	4017 - 31st St. YES X NO □
	3. NAME OF MADELINE FIRST MARY MIDDLE	Last 4. DATE Month Day Year
	(Type or print)	DEATH /X - // - 19 65
	5. SEX 6. CDLOR OF RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Age I
	Temale White WIDOWED DIVORCED	7 - 13 - 1888 Arm Wonths Days Hours Min.
Î	10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	during most of working life, even if retired) Housewife	Hollywood, Md.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George W. Latham	Annie Burroughs
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service)	r. J. Russell Rice (above address)
:		
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	(Husband) INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	elling 6 hr.
1	4221 DUE TO 0 4	
1	Conditions, if any, which (b) Williams	consupremoles Kname / Vys.
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING CONCENTRIBUTING COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5 Shere cryphy or	Mentho. YES □ NO □
	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Manile Liter while	pry, street, office bldg., etc.)
		14-0 20/16 17-17 20/5 that May look
	21. I certify that (1) (this hospital) attended the deceased from	t death occurred at 1 M, from the causes and on the date stated above.
	saw the deceased alive on 19 5, and that	22b. DATE SIGNED
	W/Ka a. Wal.	ATTENDING - MED STAFF - 15 -1 G - 1
Н	22c, PHYSICIAN'S M.E.	D. PHYS. DIRECTOR PHYS. 122d, ADDRESS
	NAME (Type) R. D. Baller m. D.	7513 Bus Klokan R. H. UMILLE MO.
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. KOCATION (City, town or county) (State)
	REMOVAL (Specify)	
	OA FILIPPAL DIPPOTOR	In Com. Colmar Manor Md
37	Talley's "t. Ra:	inier, NFC 22 1965 Clearles Judge
1	Funeral Home Inc. Maryland	INTER 2 2 1965 Townles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MADVIAND STATE DEDADTMENT OF HEALTH

		MARILAND STATE DELARIMENT OF HEALTH	
	DIVISION	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MAR	YLAN
1	5888	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR Certificate of Death	311

	18888	N OF STATISTIC	CAL RESI	CERTIFICA			STREET, BALTIN	IORE 1, M	ARYLAND 20269
1.	PLACE DF DEAT a. COUNTY					JAL RESIDENCE ((Where deceased lived, If b. CC	institution: Re OUNTY	sidence before admission)
	b. CITY OR TOW	Georges VN (if cutside corpora and give nearest tov	te Ilmits,	MARYLAN c. LENGTH OF STAY IN	D M 1b c. CITY	aryland OR TOWN (If ou	Pr tside corporate limits,	Write RURAL	and give nearest town)
	Riverda	le	*11)		X H	vattsvil	le.		
		0.58		hospital, give street addre	ess) d. STRI				e. IS RESIDENCE ON A FARM?
3.	NAME DF	Leland Memo	orial H	Middle	11' 11		erson Stree	t onth	Day Year
	(Type or print)	Rov	ırsı	Plympton	R	idlev	DF DEATH 12	/ 0	19 65
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In year last birthda		YEAR IF UNDER 24 HRS. Days Hours Min.
	Male	White	WIDOWE		3 8/3		50 yrs.	, Involution	
10a duri	ing most of work	TION (Give kind of work ling life, even if retire hanic	ed)	KIND OF BUSINESS OR INDUSTRY			ty & State, or foreign cour	COI	TIZEN OF WHAT UNTRY?
13.	FATHER'S NAM		AU	tomobile	14. MO	ryland THER'S MAIDEN	NAME	US	Α
15.	. WAS DECEASED	inton EVER IN U.S. ARMED FO	ORCES? 16	SOCIAL SECURITY NO.	17. INFORMA	NT	Florence	Iress	
(Ye	s, no, or unkown)	(If yes give war or dates	of service)				Cecardo.		
-	no	DEATH France column		Una factor (a) (b) and (a) 3	Orea	ecee /	CE C3- 4-0 .		INTERVAL BETWEEN
1		EATH WAS CAUSED BY		line for (a), (b), and (c).]				- 16	ONSET AND DEATH
1	110	IMMEDIATE CAUSE	(a)						
	160	DUE	TO /	BRONCHOC	ENIC	CARCI	NOMA		6 Mos
	Conditions, If gave rise to		(b)	77-01-010	0	,,,			
	cause (a), s		TO						
2	underlying cau		(c)						Les Wiles HITODAY
AT S	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIB	BUTING TO DEATH BUT NOT	RELATED TO TH	IE TERMINAL DISI	EASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
읪	20a ACCIDENT	WAS UNDERLYING TO	20b.	DESCRIBE HOW INJURY O	CCUDDED /F	stor nature of In	luev in Dort I or Dort I	Lof Itom 19)	YES NO
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY O	OCCURRED. (E	iter nature or in	juty in Part I of Part I	1 01 (tem 10.)	
MEOICAL	Hour a.		Year 20d. While at wo	Not While		IURY (Home, farm office bldg., etc.)		(Cour	ity) (State)
Σ				ded the deceased from	18 AL) G . 10 /	J to 9 750	10/	that (I) (we) last
	saw the de	ceased alive on	9 DEC	19 LJ and	that death o			es and on th	e date stated above.
	22a. SIGNATU	() -	Hom	naun	M.D. PHYS	IDING MEI	D. STAFF PHYS. [DEC 1965
	22c. PHYSICI NAME (T		HOUN	IANN	22d.	ADDRESS	/ERDALE	MD	
23a	. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY OR CREE		23d. LOCATION (City	. town or cou	nty) (State)
	REMOVAL (Sp	nolfu)	3, 196				Colmar M		
24.	Burial FUNERAL DIR		,	ADDRESS			BY REGISTRAR 25b.		
	Tra .	sch's Sons	Hyat	tsville, Md		DEC 1			Judge

VR AI5 (4) 20M 1/65

down I recently will be a large and Internet banish a maid Miles Talen Contact Talent To the Contact Talent Ta ASI IL TO DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE command, The state of the s \$381 (\$1.0 May 1960 A 1970 A 1960 A 1

FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 2.4 balls after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give lages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16889	MEDICAL EXAM	INER'S CERTIFICA	TE OF DEATH	20270
1. PLACE OF DEATH Prings same as in 2	ce George's	2. USUAL RESIDER • STATE Marylan	NCE (Where deceased fived, If institute b. COUNTY	nce George s
b. CITY OR TOWN (if outside co write RURAL and give neared University Pa	ark	TAY IN 16 c. CITY OR TOWN	(If outside corporete limits, write RURA	
d. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital, give street eds in 2	d. STREET ADDRESS	3	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	First Middle Charles D	Riefkin	oodberry Street A. DATE Month OF DEATH Dec.	Day Yaar 21 19 65
M	R OR RACE 7. MARRIED NEVER MARR		9. AGE (In yeers IF UN last birthday) Solution Property Pro	DER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give k done during most of working life, or SALESMAN	Ind of work to if retired) MANAGEMENT EX	OR INDUSTRY 11. BIRTHPLACE (State	or foreign country) 12. Kentucky	CITIZEN OF WHAT COUNTRY
7 3	RIEFKIN		UKOWSKY	7.3
15. WAS DECEASED EVER IN U.S. A (Yes, no, or unkown) (Ifyesgive wei	ror detes of service) 400 2288		RIEFKIN Address SA	MEAS#2
PART I. DEATH WAS CAL	or only one cause per line for (a), (b), and USED BY: CAUSE (e) Pulmonary			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if eny, which gave rise to Immediate cause	(b) Pulmonary	embolus		3 weeks
(a), stating the underlying cause lest.		ebitis of legs		4 weeks
CATIC	NT CONDITIONS CONTRIBUTING TO DEA			PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 1
	206. DESCRIBE HOW INJURY C	OCCURRED, (Enter neture of injury in	Part I or Pert II of item 18.)	
20c. TIME OF INJURY Mont Hour e.m. p.m.	h, Dey, Yeer 20d. INJURY OCCURRED While Not While 19 et work et work	20e. PLACE OF INJURY (Home, fer fectory, street, office bldg., etc.		(County) (State)
	charge of the remains described a	above, held an Autopsy X, Suicide , Homicide CHIEF MEDICAL		and in my opinion
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Kehoe, M.D.	M.D.	DICAL EXAMINER L	DATE SIGNED 12-22-65
228. BURIAL, CREMATION 226. D	ATE THEREOF 22c. NAME OF CE	METERY OR CREMATORY	22d. LOCATION (City, town, or cou BLADENSBURG, M	ARYLAND
23. FUNERAL DIRECTOR W. W. Cham	vers Eo_ Priverd	200 411N. 1250	C'D BY REGISTRAR 246. REGISTRAR	'S SIGNATURE

DEC 28

1965

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person person and the property and and a few front state and 10 10 V THE ME CONTROL OF THE PROPERTY OF THE PARTY Equipment of the transplant

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	. MARYLAND
16890	CERTIFICATE OF DEATH	24197
10090	OERIHIOAIE OF BEATH	21161

1. PLACE DF DEA			2.	USUAL RESIDENCE	CE (Where	deceased lived, If ins		ence before ad	mission)
h CITY OR TO	Prince George			MARYL		PRINC	E GEOF	RGE'S	* *******
	WN (if outside corporate lie L and give nearest town)		l v			corporate limits, wr	ITE KUKAL anu	give heares	t town)
d. NAME DE HI	ndywine	if not in hospital, give street add	rese) d	BRAND'STREET ADDRESS	AMTN	E		l e. IS RESI	DENCE
	2004 Box 277	i not in hospital, give su vet audi	655) 4. 5		2 D	AV 277		ON A F	ARM?
3. NAME DF	First	Middle		ROUTE		OX 277	L 1	YES Yea	ND .
DECEASED (Type or print)	RUTH	H	RI	GOR	4. DAT	_		19 6	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	7 8. D/	ATE OF BIRTH		9. AGE (In years tast birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.
Female		WIDDWED DIVORCED	7 4 8	Sept. 190	1	64 yrs.	Months Day	ys Hours	Min.
10a. USUAL OCCUPA	ATION (Give kind of work done king life, even if retired)	ne 10b. KIND OF BUSINESS OR	11	BIRTHPLACE (C	ounty & St	ate, or foreign country) 12. CITIZ	EN OF WHAT	
	usewife	INDUSTR!		Washing	ton,	DC	000	IK 1 \$	
13. FATHER'S NAI	ME		14.	MOTHER'S MAID	EN NAME				
	farshall John			Sara	Wyl	көз			
15. WAS DECEASED (Yes, no, or unknwn)	DEVER IN U.S. ARMED FORCES	ES? 16. SDCIAL SECURITY ND.	17. INFDE	RMANT		Addre	ss Hyatts	sville	Md
			Ruth !	E Physioc	660	3-Stockton			
		ause per line for (a), (b), and (c).1	0	1 +				NTERVAL BET	
PAKI I. L	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Myo caralle	XV	jaretran				midh	
420	DUE TO	Corporate	TD.	D - et a			1	ano	
Conditions, If		Course	My	MOSK				200	
cause (a), underlying cau	stating the DUE TO	HV Lame all an	rosis				C	lears	
PART II. OTHER		CONTRIBUTING TO DEATH BUT NOT	RELATED T	O THE TERMINAL C	DISEASE C	ONDITION GIVEN IN	PART 1(a) 1	19. WAS AUT	
ICAT									NO K
PART II. OTHER 2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NI	T WAS UNDERLYING TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	2Db. DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of	injury in	Pert I or Part II o	of Item 18.)		
TIME OF	INJURY Month, Day, Year		DI ACE OF	F INJURY (Home, fa	rm 20f	. (City or town)	(County)	(5	tate)
20c. TIME OF Hour a	.m.	While - Not While -		reet, office bldg., et		. (OIL) OI LOWIN,	(County)	,,,	late)
	.m. 19	at work at work	01	A . C .	10	- 0 1			
		d) attended the deceased from						that (I) (w	
saw the de	conasqui all'ic bil	1965, and	that dear	th occurred at_	M,	from the causes	and on the d		above.
	Styphen Ja	Phanus	M.D. PH	TTENDING	MED. DIRECTOR	STAFF PHYS.	2 De	c 65	
22c. PHYSICI NAME (AN'S //	1/ ' '	2	22d. ADDRESS					
	STEPHEN K	KAUFMANN, M.D.				CAL ANDRE			
23a. BURIAL, CRE REMOVAL (SI						LOCATION (City, to			ate)
24. FUNERAL DIR	01011	1965 Cedar Hi	II Ur			Suitland EGISTRAR 25b. R	Marylan		
num	more 100	90		0.00	3	1001		udge	
Simmons H	Bros. 1661-Go	ood Hope Rd SE N	lash D	C DATE C	J	1303	0	0	

VR AI5 (4) 20M 1/65

Canada and a managam of the managam THE MINES WITHOUT and most poster dold part out a stanti-The section of Parket and I want BLECK X THE BLECK CINEDAL CONTRACTOR PERSONAL EXPENSES OF TARK TOTAL SERVICE AND SERVICE OF THE SERVICE OF TARK THE SERVICE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

				2 1 1 2 1 6 Kg
PLACE DF DEATH a, COUNTY		2. USUAL RESIDENCE a. STATE	(Where deceased lived, If inst	titution: Residence before admission)
Prince George's	MARYLAND	Maryland		nce George's
				te RURAL and give nearest town)
	avs	Y Fairmont	Heights	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	J	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George's General Hospi	ital	5800 L. S	treet, N. E.	YES NO
3. NAME DF First DECEASED (Type or print) Rosa	Middle	Last Robertson	4. DATE Month DF DEATH Decem	
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED XX	DIVORCED F	eb. 28, 188	5 last birthday) 80 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	USINESS OR		unty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Md.	N NAME	
13. PATHER 3 NAME		Mary F.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIALS (Yes, no, or unknown) (If yes give war or dates of service)	SECURITYNO. 17. I	NFDRMANT	Addres	S
	Flo	rence Brow	n same	
18. CAUSE DF DEATH [Enter only one cause per line for (a	a), (b), and (c).]		^	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	- a -time	heart.	to Our	ONSET AND DEATH
IMMEDIATE CAUSE (a)	TROTIVE	near	accure	1000
HO4/ DUE TO				
Conditions, if any, which gave rise to immediate (b)				
cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL D	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBED OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCUR	RED. (Enter nature of	injury in Part 1 or Part II o	f Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Of Hour a.m. While not at work at work at	CCURRED 20e. PLAC!	E OF INJURY (Home, far , street, office bldg., et	m, 20f. (City or town)	(County) (State)
Hour a.m. p.m. 19 While Not at work at	While work	,, 31, 601, 011160 1148., 61	0.7	
21. I certify that (V (this hospital) attended the o		c. 18 19	65. toDec. 26	, 1965, that (I) (we) last
saw the deceased alive on Dec. 26	19.65 and that	death occurred at 5	: 30M. from the causes	and on the date stated above.
22a. SIGNATURE 7	to that that t	addin obdoniou diam	pm	22b. DATE SIGNED
traules 1 all	M.D.	PHYS. D	IED. STAFF PHYS.	12/17, 164
PHYSICIAN'S NAME (Type) Frank . Talbot,	M.D.	4307 Brau	ich Ave Ma	rlow Heights Mo
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own pr county) (State)
REMOVAL (Specify) 12-30-1965 Mar	mony Me me	rial	1760/-she	ruf Rd.
24. FUNERAL DIRECTOR	ADDRESS		00 1 001	EGISTRAR'S SIGNATURE
HOFFMAN TUNERALI	HOME 409-	I AN VOLUNC	30 1965 100	wantes Judge
		1 27112	1	

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allerines series			s'ogranuð et	149
	at wield incomic?			745
	.H . #86978 .8 0097	Lalycon London		11-12
	Population in the contract of			
	Eds. 23, 1885 SD		OT 5V	
	Made CD. T Clas			
	ted or seem enable.			1
		Table Day		
	Paci, 16 . If objects. The second beautiful and the second beautiful a	23 T 25 BK .54		
		.i. Calmor, n.D.	n'	
Strain Mr.		g grad (de 2-) O angle i gradua		

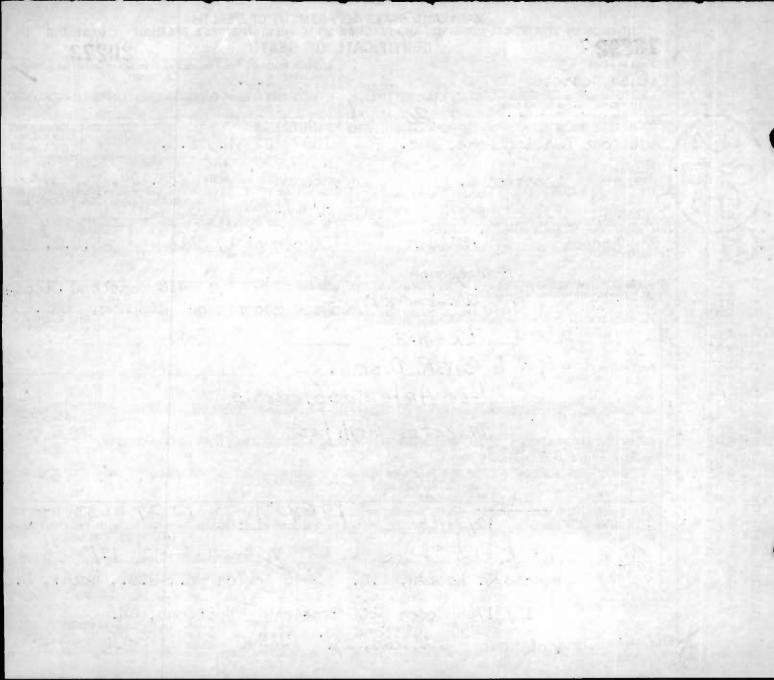
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending busician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

_	-	40000	OBIT III IOITI	D OI DEATH		11/10	6.5
1	60	PLACE OF DEATH a. COUNTY TUNCE GEORGES	MARYLAND	2. USUAL RESIDENC a. STATE	E (Where deceased lived, If in b. COUI		dence before admission)
		b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, wi	rite RURAL an	nd give nearest town)
	S	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	ton 45	1-3	e. IS RESIDENCE
		Suitland Nursing Home,		1307 ""	St., S.E.		YES NO
	3.	NAME OF First DECEASED (Type or print) GOTTEST	Middle	Last Lenbauah	4. DATE Mont	n 20.	Day Year
	5.	SEX 6. CDLDR DR RACE 7. MARRIED	NEVER MARRIED	8. DATE DE BIRTH		IF UNDER 1 Y	YEAR IF UNDER 24 HRS. Hours Min.
4	1Da	. USUAL OCCUPATION (Give kind of work done 10b. KIN	DIVORCED DIVORCED	9/30/1883	unty & State, or foreign country		ZEN DF WHAT
	dur		lding	Cincinna		CDUI	NTRY?
	13.	FATHER'S NAME	COPULCY	14. MOTHER'S MAID		1 00	
	15	Rodens			41/		
	(Ye	. WAS DECEASED EVER IN U.S. ARMED FDRCES? s, no, or unkown) (If yes give war or dates of service)	16-0191	INFORMANT	14 T (Addre	podla	nd Circle
	_	and the same of th	1991	chard Rode	enbaugh liven	innis,	Jenn.
	9	18. CAUSE DF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN DNSET AND DEATH
		IMMEDIATE CAUSE (a)	emiA				
		Cenditions, If any, which) DUE TD (b)	I.R. Disec	-912			
		gave rise to Immediate (cause (a), stating the DUE TO	A 1	1			
	2	underlying cause last. (c) LTEN		SCIEROS			
	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	1. 1	1.1	ISEASE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTDPSY PERFORMED?
0	IFIC.	20a. ACCIDENT WAS LINDERLYING TO 1 20b. DE		IRRED (Enter nature of	Injury In Part I or Part II o	of Item 18)	YES ND ND
		DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL	2Dc. TIME DF INJURY Month, Day, Year 20d. INJ Hour a.m. While -		CE OF INJURY (Home, fairy, street, office bldg., et		(Count	y) (State)
	ME	p.m. 19 at work	at work				
9		21. I certify that (I) (this hospital) attended	the deceased from	1964,19	to 12-29		that (I) twe) last
		saw the deceased alive on 12/20 22a. SICNATURE	/(0.09, and tha	death occurred at	2: OND from the causes	and on the	
		B. 1 Lat	D M.D	ATTENDING PHYS.	AED. STAFF PHYS.	19/	29/65
		AME (Type)	W.I	22d. ADDIVESS		1 2001	2 0 0
		136 Mary 2. Ma	itzen, M.D.		<u> </u>		ash., N.C
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 12/31/65	23c. NAME OF CEMETERY Cedar Hill	Cenetary	Suitland.	own or count	ty) (State)
		. FUNERAL DIRECTOR	8 Sappressland	25a. REC	'D BY RECISTRAR 25b. R	ECISTRAR'S	0
1	W	ilhelm Funeral Home	Suitland, m	d. DAAN	6 1956 700	icarles	Judge
- 5							

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16893 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY Poge deoth. ō Prince George's MARYLAND Marvland Prince George's partment b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) after Cheverly DOA Brentwood d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? STREET ADDRESS farm State De hours Prince George General Hospital in pencil in Item 18. Give Pages YES NO EX 820 37th, Place ofter death. with 3. NAME OF Middle 4. DATE Manth Rother∜ DECEASED OF (Type ar print) John Joseph DEATH pholo S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Days WIDOWED DIVORCED This certificate shauld be executed within 24 hours Male lond 2 1900 ony event 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Seaman- Retired COUNTRY? INDUSTRY England d "pending" in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Catherine O'Connor James Rothery Ei Ei or removol, and 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) 134-03-5932 Mrs. Eliz. M. Meek (above address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Sister) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) pleose execute the certificate, writing the word burial, cremation, DUE TO Conditions, if any, which gove forwarded to rise to immediate cause (a). DUE TO stating the underlying couse O 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO to pe agent, prior to 20g. EXTERNAL CAUSE WAS 3 should 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) should PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour a.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge at work at work its designated 21. I certify that I took charge of the remains described above, held an Autapsy [Inspection x Inquiry 32 and in my opinian the funerol director. Natural causes X, // Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. John Kehoe, M.D. 1-2-66 NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) 0 Fort Lincoln Cemetery Colmar Manor. Md ADDRESS Mt Rainier Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Nalley's VR A15ME (5) 1966 Home Inc. 6M 1/66 Funeral

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

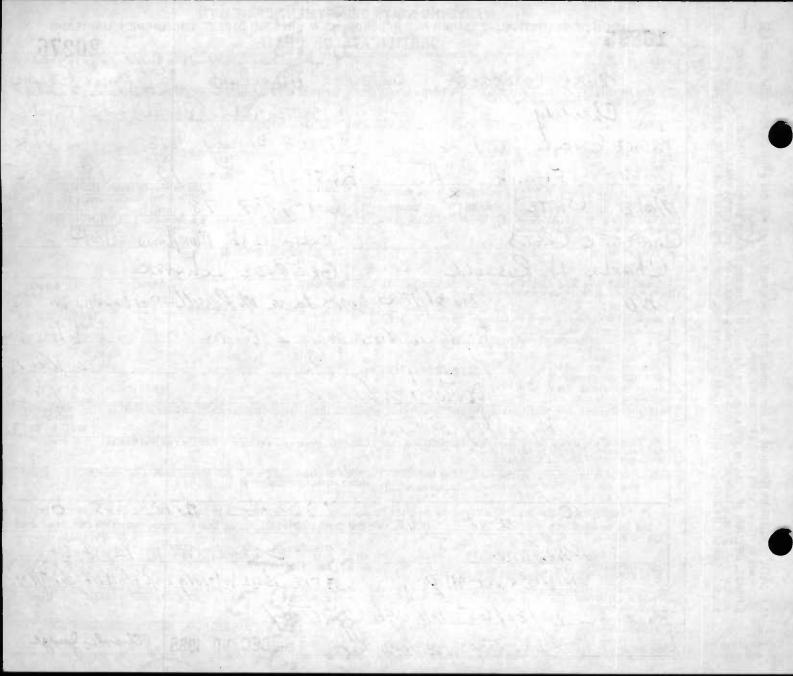
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		WING NORAL	Cheverly		14 days	s	X	Chap	el C	aks					
7		d. NAME OF HO	SPITAL OR INSTITUTION	(If not in h	ospital, give street	address)	d. STREET AD	DDRESS					0	. IS RES	DENCE ARM?
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	3.	NAME OF DECEASED	Firs	t	Middle		Last		4. DAT	ΓE	Mont	h	Day	Yea	ır
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١	13.	FATHER'S NAM	E P	00 :			14. MDTHER	'S MAIDE	N NAME	35.00					
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	(Ye	s, no, or unkown)	EVERÁN U.S. AR MED FOR (If yes give war or dates of s	ervice)	. SOCIAL SECURITY N	0. 17.	INFORMANT				Addra	SS			
=	1	18. CAUSE DE	DEATH [Enter only one	Cause ner	line for (a) (b) and ((c)]			En		_		INTE	RVAL BE	TWEEN
4	4		EATH WAS CAUSED BY: IMMEDIATE CAUSE (0/000 1	7	corlan	110	-	fo.	6		ONSI	ET AND	DEATH
	1	221	V		evoue v	· / Cara	- Cas (=	pren	6,40	ceny					
1	1	Conditions, if	any, which \										-7		
		gave rise to	Immediate (200					
1		cause (a), si underlying caus	tating the				4 d								
	5	PART II. OTHER S	SIGNIFICANT CONDITION		UTING TO DEATH BUT	NOTRELA	TED TO THE TER	MINAL DI	SEASEC	ONDITIONG	IVEN IN	PART 1(a)	19.	WAS AL	TOPSY MED?
	S												YE	s 🔲	ND 🔀
	CEKIIFICATION	20a. ACCIDENT	WAS UNDERLYING DING CAUSE OF DEATH TIFY MEDICAL EXAMINE	20b.	DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter n	ature of	injury in	Part I or F	art II o	of Item 1	3.)		
- 1	- 1	(IF EITHER, NO	TIFY MEDICAL EXAMINE	R)	324				250						
	MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day, Ye			20e. PLAC	CE DF INJURY (I	Home, far	m, 20f	. (City or	town)	(Co	unty)	(State)
	ME I	p.i		While at wor											
1		21. I certif	y that (1) (this hospit	tal) attend	led the deceased	from /	1/27	, 19	65	to 12/1.		, 19_4	th	at (1) (v	ve) last
1			ceased alive on	2/11	1965	and that	death occurr	ed at 4	SAM,	from the	causes				above.
		22a. SIGNATU	RE /	701	1 000		ATTENDING	M	ED.	STAF	F -	22b.	DATE SIG	NED	
		22c. PHYSICIA	Alle Town	11	Questi	M.D	PHYS.	U D	RECTOR			112	13/	4 J	
		NAME (I	ype Louis	ME	NOEL		1910	-74	th	AVE	H	YAT	7.	Mo	de_
1	23a.	. BURIAL, CREM REMOVAL (Spo	MATION, 23b. DATE TH	IEREOF	197	1	OR CREMATOR	Y P	23d.	LOCATION	(Clty, t	own or co	ounty)	(S	ate)
-	24.	FUNERAL DIRE	CTOR	- W 2	ADDRESS	yme	m/1 /a	2.12 5a. REC'	D BY RE	GISTRAR	25b. R	EGISTRAF	'S SIGN	ATURE	
H		han	CO.T.		~	110		DEC	21	1965	-	iarle	y Que	dge	
1	_	" VVV	V Conny	200	07 305	17 71	NIVID	ATE	NI	.000	-		0	0	

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death... Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CEPTIFICATE OF DEATH

CERTIFICATE OF DEATH	211276
PLACE OF DEATH a. CDUNTY b. COUNTY c. STATE c. USUAL RESIDENCE (Where deceased lived, If Institution: Res	idence before admission)
a. STATE DEORGES MARYLAND B. COUNTY PENSON	CE (088848.
b. CITY OR TOWN (if outside corporate limits, I c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL a	
write RURAL and give nearest town)	JOTISVILLS.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS,	e. IS RESIDENCE
PRINCE GEORGES CINTY HOSP 11808 LINCOLN AVE.	ON A FARM?
3. NAME DF First Middle Last 1 4. DATE Month	Day Year
DECEASED (Type or print) France A RICCO DEATH 12 -	18 1965
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MADDIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER 1	0
Mole (1) h. TE MIDOMED DI PROPOSED (5-1-1887 Tass on uluay) Months D	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
	INTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1	2/1
Charles H. RUSSELL GERTRUDE SCHAFER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	SILVER
(Yes, no, or unknown) (If yes give war or dates of service) 216-01-17648 . MPS Louise M. Russell-1301 Open	HELD DR STRING
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Honte sommonary & dema	ONSET AND DEATH
4500 DUE TO DUE TO	1
Conditions, If any, which) (b) Infammoma	Z Wans
gave rise to immediate	
underlying cause last. (c) Wurthulerone	10 Nov.
	19. WAS AUTOPSY PERFORMED?
5 Hyper Mysor Kesen	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) A COLOR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTION CONTRIBUTI	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (Coun factory, street, office bldg., etc.) 20f. (City or town) 20f. (City or town	ty) (State)
Hour a.m. p.m. 19 While at work Not While at work	
21. I certify that ((this hospital) attended the deceased from 1962, 19 to 12/8, 1965	that (we) last
saw the deceased alive on 1945, and that death occurred at M, from the causes and on the	
22a. SIGNATURE 22b. DA	TE SIGNED
M.D. PHYS. DIRECTOR PHYS.	15-65
22c. PHYSICIAN'S NAME (Type) R. D. Baner M. J. 22d. ADDRESS But () Bayer R. N. A.	lephi Mol.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or court pemoval (Specify)	ity) (State)
KURIAC 12/22/60 WAUGH CEMETERY	
24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
LEONARD J. KUCK INC. 5305 HARTERD KV. DATE DEC 20 1965 Fellow	ly mage



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Dr. John Kehoe, Notified and approved		2	Š	fte	be	sta	
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		H	200	己	ire	100	
		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	۵.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	P	S	

VR AI5 (4) 20M 1/65

rs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
SERVICE
CERTIFICATE OF DEATH

10030		CLKIIFICA	TIT OF DEWIL			21116	1
1. PLACE OF DEATH a. COUNTY	RINCE GEORGI			CE (Where deceased lived RYLAND b	, If Institution: Re . COUNTYPrin		
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH CF STAY IN	J	f outside corporate ilm			
	nd give pearest town)		GREENB				
2 F. WE	ITAL OR INSTITUTION (if not in h	ospital, give street addre		ESTWAY		e. IS RESI	DENCE ARM? NO
3. NAME DF DECEASED (Type or print)	First RALPH	Middle JOHNSON	RUSSELL	4. DATE DF DEATH	Month Dec.	Day Year	65
	WHITE WIDOWED		Nov. 10, 1	896 last birt	years IF UNDER 1 hday) Months I yrs.	YEAR IF UNDER	24 HRS. Min.
10a. USUAL OCCUPATIO during most of working SALESMAN	N (Give kind of work done life, even if retired)	IND OF BUSINESS OF NOUSTRY EQUIPEM	ent 11. BIRTHPLACE (C	County & State, or foreign	country) 12. CIT	IZEN OF WHAT JUNTRY?	
13. FATHER'S NAME			14. MOTHER'S MAII				
	RUSSELL		MARTI	HA JOHNS	NC		
15. WAS DECEASED EV (Yes ne es unkown)	f ves nive war or dates of service)	social security no. 7	MABEL B. I		Address Same as	#2 (wif	e)
	ATH [Enter only one cause per l	ine for (a), (b), and (c).]	7/4 /	8 1 1		INTERVAL BETT	WEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronau	, thromb	ofer		home	HY
Conditions, If an	3,(b)	nory seleroa	is previous	Thombrus.	19-18-68)	3 mon	Hu
gave rise to in cause (a), stat underlying cause	ing the DUE TO	1					
ICATI	a. of Milde	TING TO DEATH BUT NOTE	the second of th	DISEASE CONDITION GIVE		19. WAS AUT PERFORM YES N	TOPSY MED? NO
OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING 1 20b. G CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	f Injury In Part I or Pa	rt II of Item 18.)		
ZOC. TIME OF IND Hour a.m. p.m.	JURY Month, Day, Year 20d. I While 19 at worl	Not While	PLACE OF INJURY (Home, factory, street, office bldg., e		wn) (Coun	ty) (St	tate)
21. I certify	that (I) (this hospital) attend	ed the deceased from.	that death occurred at	9.54, to tec.		_, that (i) (we	
22a. SIGNATURE	Ham Wo	odulo	ATTENDING	MED. STAFF	22b. DA	TE SIGNED	above.
22c. PHYSICIAN' NAME (Type			22d. ADDRESS	ional Build	ing, Gre	enbelt,	Md.
23a, BURIAL, CREMAT B REMOVAL (Speci	fion, 23b. DATE THEREOF 12/9/65	Restlawn	ERY OR BREENANDRYK	Cash Va		(Sta	
24. FUNERAL DIRECT	aschis Sons Hy	ADDRESS attsville, Mo		C'D BY REGISTRAR 25			
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(County)

. IS RESIDENCE

YES NO

19 65

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES X NO

> > (Stete)

and in my opinion

DATE SIGNED

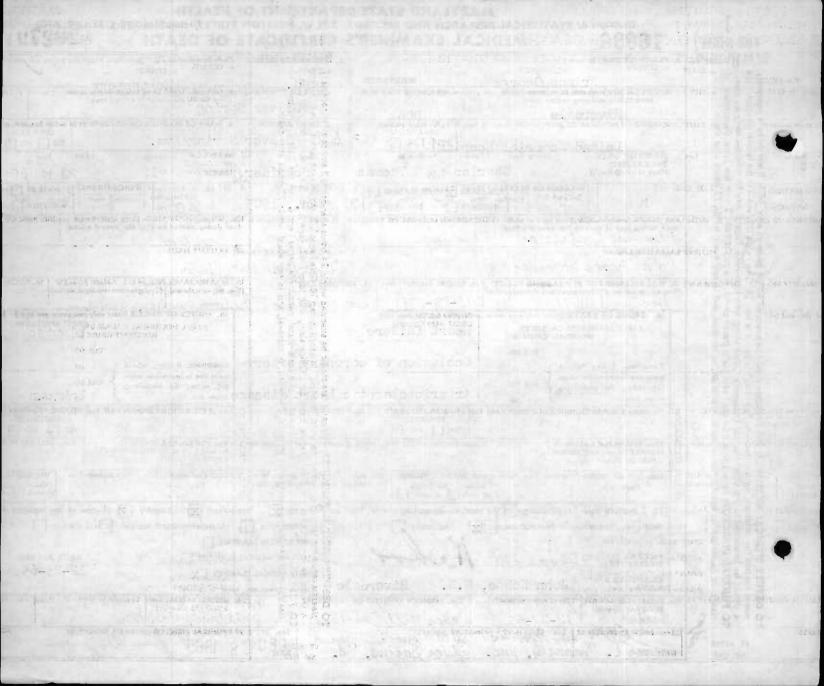
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) . COUNTY funeral director. Page ained for your files. a. STATE b. COUNTY 40 is necessary b. CITY OR TOWN (if outside corporate limits, MARYLAND Montgomery
c. CITY OR TOWN (If outside eorporate limits, write RURAL end give nearest town) Department death. e. LENGTH OF STAY IN 16 write RURAL and give neerest town) Silver Spring Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 622 Silver Spring Ave. refained with the State 72 hours after eland Memorial Hospital YES NO TH 3. NAME OF 4. DATE DECEASED Schrider Speare and 3 to the Charles Thomas (Type or print) 12 23 19 65 9 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. ge 5 may b and 2 with within 72 last birthday) Months Jan .: WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) permit. File pages 1 Contractor Plumbing in any event Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Thomas Schrider Clara Jane Hutchinson writing the word "pending" in pencil in Item 18. Gi form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Silver Spring Avenue (Yes, no, or unkown) | (If yes give war or dates of service) and Emma Schrider 215-26-0311 MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), removal, INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH Minutes PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (a) DUE TO 6 Occlusion of coronary artery Conditions, if any, which cremation, N 10 gove rise to Immediate couse DUE TO Medical Examiner as (a), stating the underlying Arteriosclerotic heart disease pesn cause last. Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I CERTIFICATION WAS AUTOPSY burial 8 PERFORMED? NO T plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. please execute the certificate, writing 4 should be forwarded to the Chief 1 TO FUNERAL DIRECTOR: Page 3 s Health or its designated agent, prior WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) Hour e.m. While at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy x. Inspection X Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe. M.D. Riverdale NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specity) Cedar Hill Suria Suitland, Maryland Cemeteru 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR AISME Silver Spring 5M 1/63



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10033	MEDICAL EXAMINER	3 CERTIFICA	TE OF DEATH	60280
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Where deceased lived, If b. COUN	Institution: Residence before admissio
Prince Geo		Maryland		Marys Co.
b. CITY OR TOWN (if outside corpor write RURAL and give nearest to	ate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits, write	e RURAL and give necrest town)
Cheverly	DOA	Californi	a	18X 2
	TION (if not in hospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
Prince George Ge	manal Hospital	Rt.2. Box	273	YES TO NO
3. NAME OF	First Middle	last	4. DATE Month	
(Type or print) Philip	in Barton Sh	afer Jr.	OF DEATH	
5. SEX 6. COLOR OR		8. DATE OF BIRTH	9. AGE (In years	
	WIDOWED DIVORCED	77 4 7051	last birthday)	Months Deys Hours Min.
Male White Oa. USUAL OCCUPATION (Give kind		11 Aug. 195/	- Physical Company	12. CITIZEN OF WHAT COUNTR
done during most of working life, even	if retired)	KI II. DIKITII ETTEE (SIGN	or torongin eccinity)	12. GIIZIN OI WIM COOK
STUDENT			GTON, D. C.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	INAME	
PHILIP	BARTON SHAFER SR.	LOUISE T	POSSBACH	
5. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes, no, or unkown) (Ifyasgivewerord			" •	
1 18 CHILDROP OF DESTRUCTION	nly one cause per line for (a), (b), and (c).	OTHER SAME	AS # 2 ABOVE	A SAMPRAY AS RETAINED.
PART I, DEATH WAS CAUSED				INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAL		head		
9191	DUE TO	The state of the s		
Conditions, if eny, which				
geva rise to immediata cause	(b)			
(a), stating the undarlying	OUE TO			
cause last.	(c)			
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	
PART II. OTHER SIGNIFICANT OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				YES NO
20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18)	113 [] 110 [2
PRIMARY- or CONTRIBUTING				
	Shot in back yard of	home by acc	idental discha	rge of shotgun.
20c. TIME OF INJURY Month, I Hour a.m. 9:50amp.m. 12-27-	Day, Yeer 20d. INJURY OCCURRED 20e. PL/			(County) (State)
9:50amp.m. 12-27-		tory, street, office bldg., at		
7 6 7 0 0 0 0 10 10				
	arge of the remains described above, he			
death resulted from: Natu	ural causes, Accident bo, Suid	cide, Homicide	Undetermined m	lanner
Λ	1/19 1/	CHIEF MEDICAL	EXAMINER -	
ACTUAL	the 11 of	ASSISTANT MEI	DICAL EXAMINER	DATE SIGNED
SIGNATURE	1-7/1-1	M.D.	AL EXAMINER 🔭	
EXAMINER'S John Ke	choe, M.D. Riverdale,		_	12-28-65
28. BURIAL, CREMATION, 26. DATE			city, town, or county) 22d. LOCATION (City, town	
REMOVAL (Specify)	0 10/2 7			
	9,1965 TRINITY MEMOR	TAL GARDENS	WALDORF C'D BY REGISTRAR 24b. REG	MARYLAND
23. FUNERAL DIRECTOR	ADDRESS	24a. RE	C'D BY REGISTRAR 24b. REG	ISTRAN'S SIGNATURE

VR A15ME 5M 1/63

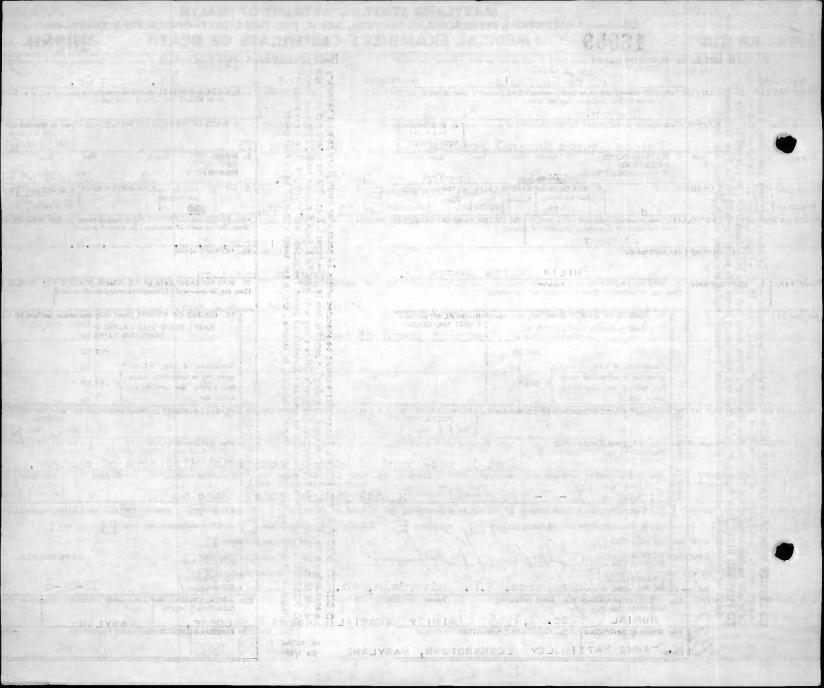
please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary,

W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

DATEC 30 1965 Clianles Judge



FOR STATE HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 340 The funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mev be refrained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16900 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1.	PLACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edinission)						
1			o. STATE b. COUNTY						
		b. CITY OR TOWN (if outside corporate limits.	Maryland Prince George's c. CITY OF TOWN (If outside corporata limits, write RURAL and give nearest town)						
		write RURAL and give neerest town) Cheverly l Week	the state of the s						
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Hillside , d. STREET ADDRESS 0. 15 RESIDENCE						
7			ON A FARM?						
/		rince George General Hospital	834 52nd. Avenue YES NO						
		NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year OF						
		(Type or print) Minnie F.	Shaw DEATH 12 14 19 65						
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, last birthdey) Months Days Hours Min						
			eb. 1885 80 yrs.						
	10a dor	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
		Tousewill at home	West Minimi al 1 a						
	13.	PATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	1	1. 6	011						
	1E	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Unprour						
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no, or unknown) (Ifyesgive were detected service)	NFORMANT Address						
		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	INTERVAL BETWEEN						
		PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cardiac tamponade	ONSET AND DEATH						
		4201 DUE TO Pupture of myocardium							
		Conditions, If eny, which gever rise to immediate cause (b) From myocardial infarction							
		(e), steling the underlying DUE TO							
		cause last. (c)							
5	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
3	CERTIFICATION	Fracture of left humerus and left radius - one week							
	RTIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY □ or CONTRIBUTING ☑							
		CAUSE OF DEATH. Fell at home.							
	MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLA Hour e.m. While Not While fect	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
	WED	Hour e.m. 12-7- 19 65 et work et work	Home Same as #2						
		21. I certify that I took charge of the remains described above, he							
		death resulted from: Natural causes). Accident X, Spice							
		1 /2 /	CHIEF MEDICAL EXAMINER						
		ACTUAL (12-)							
		SIGNATURE MA INTERPRETATION INTERPRE	M.D.						
2		EXAMINER'S NAME (Type) John Kohoe M.D. Piyrandale	DEPUTY MEDICAL EXAMINER 🛣						
	222	NAME (1796) John Kehoe, M.D. Riverdale, BURIAL EXEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Md Addrass (Streat, city, town, or county) 12–16–65 CREMATORY 22d. LOCATION (City, lown, or county) (Siata)						
		REMOVAL (Specify)	not 1 - H 1 con						
	0	Burial 12-18-65 Washington	Maleonal Aculland, Mary und						
1	23.	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
出	2	1. W. Chamber to be . 517-11- 1	S.E. DEC 27 1965 Jelianles Judge						
-	$\overline{}$		The state of the s						

THE REAL PROPERTY AND PERSONS ASSESSED. The Parish of the State of the that the law of the second of The same of the sa 10 - 22 () 1907 John Taille 18 18 November 47 Ville III. 44 . 12 人工 经分价 医多种化等 电影

ed within 24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	01		,	441 41		•
101		OFDI	HELOATE	OF	DEATH	
4 2 5 2		CERI	CIFICATE	111-	HEATH	

1.	PLACE OF DEAT a. COUNTY	Н			2. USUAL RESIDEN a. STATE	CE (Where decease	ed lived, If institu		ce before a	dmission)
	Prince	George's	MARYLA	ND	Maryla	and		ace Ger	mge !	5
	b. CITY OR TOW	N (if outside corporate limits and give nearest town)		1 1b	c. CITY OR TOWN (I	f outside corpor	ate Ilmits, write	RURAL and a	lve neare:	st town)
	Chever.		12 days		,	ellville				
	d. NAME OF HO	SPITAL OR INSTITUTION (if no	t in hospital, give street add	ress)	d. STREET ADDRESS				e. IS RES	FARM?
		George's Gener				Ann Road			YES 🔼	No 🗌
3.	NAME DF DECEASED (Type or print)	First Marshal	Middle 1 Berna	rd	Smith	4. DATE DF DEATH	Month December	er 1		65
5.	SEX		RIED NEVER MARRIED	¬ B.		19. A	GE (In years I IF	UNDER 1 YEA		
M	ale	Librate	OWED OIVORCED		**************************************	903	yrs.	on ths Oays		
10a dur	I. USUAL OCCUPATION MOST OF WORK	ION (Give kind of work done 1	Own Farm		Marylan		foreign country)	12. CITIZE COUNTI	RY?	
13	FATHER'S NAM	IÉ		Ī	14. MOTHER'S MAI	OEN NAME				
	Willia	m Francis Sm	ith		Laura P	errie				
15	. WAS OECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17.	NFORMANT		Address		T.	2 110
(11	No No	(If yes give war or dates of service)		Ag	nes Loue	lla Smi	th- Sai	me as	Trei	15 # C
	1B. CAUSE OF	DEATH [Enter only one cause	per line for (a), (b), and (c).			0 .			FERVAL BE	
	PART I. O	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Auturn	a	y lo	Cen	a	01	SEI AND	DEATH
	420	OUE TO				5 5 5 113				
	Conditions, If									
	gave rise to	Immediate (Λ	1 0				
	cause (a), s underlying caus	rating the	steriosch	er	ote le	ental	1000	٠		
NO		SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	RELAT	ED TO THE TERMINAL	DISEASE CONDIT	ION GIVEN IN PA	RT 1(a) 19	. WAS AL	JTOPSY
CATI	H	epater C	omas a	e	rkos	Sof l	iner	,	PERFOR	NO 🔀
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] 2 ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCUR	REO. (Enter nature o	of injury in Part	l or Part II of i	tem 18.)		
			20d. INJURY OCCURRED 20d				y or town)	(County)	(State)
MEDICAL	Hour a.		While Not While	factor	y, street, office bldg.,	etc.)				
Σ	p.		t work at work	-	1.02	- 65 . 7	00	** 65		N 1
		fy that fly (this hospital) a	ttended the deceased from	n De		19 65 , to De				
		ceased alive on Dec	29 19 05, and	that	death occurred 12	DM trom		d on the da		1 above.
	22a. SIGNATU	100 /5 CA	4.0.0		ATTENOING	MED.	STAFF			
	22c, PHYSICIA	INIC	- men	M.O.	PHYS. L	DIRECTOR	PHYS.	Dec.	29, I	965_
	NAME (T		eron, M.D.		3503 Per	ry St. M	t. Raini	er, Md	•	
238	BURIAL, CREM	MATION, 23b. DATE THEREO	F 23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOCA	TION (City, towr	or county)	(S	tate)
	Burial Sp	1/1/66	St. Mary	3	Cath Cem.	Anna	polis,	Md		
24	. FUNERAL DIRI	ECTOR	ADORESS		25a. RE	C'D BY REGISTR	AR 25b. REGI			
	Ritchie	Bros. Upper	Marlboro, M	Id.	DATEN	1 0 1968	gelier	rles Ja	edge.	
							- 17		- 67	

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MARYLAND STATE DEPARTMENT OF	HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON	
CEDTICIOATE OF DEATH	11100

	16SC	N OF STAT	ISTICAL RI				OF DEAT		EET, B	ALTIMO	RE 1, M	ARYL 2()2	AND	
	PLACE OF DEAT a. COUNTY						2. USUAL RESIDEN a. STATE	ICE (When	e deceased	lived, If ins b. COUN		esidence	before ac	(molecum)
_	b. CITY OR TOW write RURAL	eorges N (if outside c	orporate limits,	d c. LEI	MARY NGTH OF STAY	IN 1b	D. C.	f outside	corporate	limits, wr	ite RURAL	and glv	e neares	t town)
G	lenn Dal	a (1		s., 10	ays	Washing	ton	4	17X	3			
C	lenn Dal			in hospital,	give street a	ddress)	d. STREET ADDRESS		N F	,			ON A F	ARM?
	NAME OF	e nospit	First		Middle		236 11t		ATE .	Month		Day	Yea	
	(Type or print)		Annie		T.		Stancill	OF	EATH	Dec.		13	1%	5
5.	SEX	6. COLOR OR	RACE 7. MARI	RIED NE	VER MARRIE	D 18	. DATE OF BIRTH		9. AGE	(In years birthday)	IF UNDER			
	Female	Negro	WIDO	WED 🗍	DIVORCE	D 7 9	/15/1881		84	yrs.	Months	Days	Hours	Min.
dui	a. USUAL OCCUPAT	ing life, even if	f work done 10 retired)	b. KIND OF INDUSTR	BUSINESS OR		11. BIRTHPLACE (C	County & S) 12. C	ITIZEN (DUNTRY	OF WHAT	
	Seamstre:						Concord, 1			lina		JSA		
13.	FATHER'S NAM	IE.					14. MOTHER'S MAI	DEN NAM	E					
	rank Stan						Emma Cox							
15	. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARI	MED FORCES?	16. SOCIAL	SECURITYNO	. 17.	INFORMANT			Addres	SS			
``	No	(Trycogree to the or	dutes of service)	Unkn	Otan	De	cedent							
	18. CAUSE OF	DEATH [Enter of	only one cause						-			INTER	RVAL BE	TWEEN
	PART I. DE	EATH WAS CAUS	SED BY:	rtorio	ecloro	tio h	eart disea						ET AND I	
	4200	IMMEDIATE (I CEL IC	scielo	LIC I	leart ursea	se				un	know	11
	DUE TO Conditions, If any, which)													
	gave rise to		(b)									-		
	cause (a), s	tating the	DUE TO				4-1-1000							
z	underlying caus	e last.	(c) ge	nerali	zed ar	teric	sclerosis						nown	
ICAT10	hyperte left he	nsive can mipares	is, remot	e; chro	diseas nic py	e lone	ep to the terminal reprovascul phritis; di	ar ac abete	condition ccider s me	nt wit llitus	PART 1(a)	19. YES	WAS AU PERFOR	MED?
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING CAUSE OF THE MEDICAL	ING [] 20 OF DEATH EXAMINER)	b. DESCRIE	BE HOW INJUI	RY OCCUP	RRED. (Enter nature o	of Injury 1	n Part I o	r Part II o	f Item 18.	.)		Colonia
MEDICAL	20c. TIME OF		, Day, Year 20	d. INJURY (OCCURRED 2	20e. PLAC	E OF INJURY (Home, f	arm, 20	f. (City o	r town)	(Cou	nty)	(5	state)
(ED	Hour a.r			hile No	t While	lactor	y, street, onice bidg.,	etc.)						
~		y that (I) (this				rom 2	/27/61, 201	9.	to 12/	13	1965	th	at (!) (v	ve) last
		ceased alive of					death occurred at	A. M.	, from the	e causes				
	22a. SIGNATUI		11.0								22b. D.	ATE SIG	NED	
		Mor	VVa	n		M.D.	ATTENDING PHYS.	MED. DIRECTO		AFF IYS.	12/	13/6	55	
	22c. PHYSICIA						22d. ADDRESS			e Hos				
	NAME (T)		Weiss.	M. D.						e, Ma	^			
23a		ATION, 23b.		23c.	NAME OF CE	METERY	OR CREMATORY			N (City, to			(St	ate)
	REMUVAL (Spi	ecify) /2	-21-65	He	Vomo	my's	n. Cem	1	11 1	DV	/A	Val		
24	FUNERAL DIRE	CTOR ///		(, 10	ADDRESS	10		C'D BY R	EGISTRAR	25b. R	GISTRAR	S SIGNA	TURE	
0	100000	H X/11	Your s	716 W	5+ m 8	20	2 DEC	220	1965	gel	carle	, Ju	de	
	Topro	NUN	LUCL O	16 H.	ULTIP	, ,,,,	DEM SO /AC	- H U	1000	1		0	9	

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		AND MALE		Frank Stancill
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12-21-63 Harring on Seve

Charles Bankary Rose Illes I 1885

DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission a. COUNTY **b.** COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RINCE. MARYLAND d d 2 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) HVATTSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street and dress) ON A FARM? BAKERS CARROLL SALLE RO YES NO 3. NAME OF 4. DATE DECEASED OF STERLING DEATH (Type or print) 19 65 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months pue Female DIVORCED White WIDOWED Y 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) At Home Housewife e 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY beorge KOBE. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) 2224 Wash. Ave., S.S. Ethel Davidson NONC INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: erebro IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work Hour e.m. 21. T certify that (I) (this hospital) attended the deceased from July 1962 to 10 10 10 11 (we) last saw the deceased alive on..... 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. death. Page 4 22c. PHYSTCHANKS 22d. ADDRESS 5201 Randolph Rd., Rockville, Md. director, be filed w 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) Gate of Heaven Silver Spring

25a. REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Clearly Judge Joseph Gawler's Sons, Washington, D.C. MEC

1SM 7-62

Carlo Mantagondory C SUMMED ! Withel T. Viston Peer Call. ave., - Britis Condensed W., Lockwille,

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase emove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MAKILAND STATE DEPARTMENT OF HEALTH
DIVISION OF ST	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN
4 6 5 5 6	CORPUTATION OF PRINCIPLE

	10204			CERTIFIC	AID	OF DEATH	1			21	128	5
1.	PLACE OF DEAT a. COUNTY Prince	H George's		MARYL	AND	2. USUAL RESIDENCE a. STATE Maryla		b. COU		11175		
	b. CITY OR TOW	/N (if outside corpora and give nearest tow	te limits, n)	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside co		rite RURA	L and glv	e neares	t town)
	d. NAME OF HO		N (if not In h	0 days 0 ospital, give street ad	dress)	d. STREET ADDRESS	leasar	nt		8	IS RES	IDENCE ARM?
	Prince	George's	General	Hospital		507 67	th Pla	ace, N. E		Y	ES 🗌	NO 🗌
3.	NAME DF DECEASED (Type or print)	Oth a	rst	Middle L	Ste	Last erling, Sr.	4. DATE	_		Day 29	Ye:	65
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	19	AGE (In years			IF UNDE	R 24 HRS.
M	lale	White	WIDOWED	_		3/16/94		71 vrs.	Months	Days	Hours	Min.
10a dur	ing most of work	TION (Give kind of work king life, even if retire tired	d) I	IND OF BUSINESS OR NDUSTRY JS Gov t		11. BIRTHPLACE (Co		te, or foreign countr	y) 12. (OUNTRY	OF WHAT	
13.	FATHER'S NAM	/IE				14. MOTHER'S MAIL	EN NAME		11.5			
		Unkno	wn			Amel	ia ?					
		EVER IN U.S. ARMED FO (If yes give war or dates o		SOCIAL SECURITY NO.	-	na L. Sterl	ing J	Addre r. 8701-0	LI EX.	nham		d.
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE		line for (a), (b), and (c).	Na	ng.em	lo	lesm		INTE	RVAL BE	TWEEN DEATH
	434 Conditions, If	DUE	10 th	mbo	pl	lobet	is					
	gave rise to cause (a), s underlying cau	Immediate DUE	(b) TO (c)	ngest	Tu.	e lea	xt-	Parli	سو	8	da	>
CERTIFICATION			ONS CONTRIB	UTING TO DEATH BUTNO						YE	WAS AL PERFOR	
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJUR	Y OCCUI	RRED. (Enter nature of	f Injury In	Part I or Part II	of Item 1	8.)		
MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 20d. While at wor		De. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., e		(City or town)	(00	ounty)	(:	State)
	21. I certi			led the deceased fro	om_De	ec. 21 , 1	8.5, to	Dec. 29	, 19_6	55_, th	at (1) (1	we) last
			Dec. 29	19_65_, ar	id that	death occurred atl	2:20/, f	rom the causes	and on	the date	stated	above.
	22a. SIGNATI	04/5	Car	neros	M.D.	PHYS.	MED. DIRECTOR	STAFF EX	1 -	2	7-6	5
	22c. PHYSICI NAME (1		Cameron	n, M.D.		22d. ADDRESS 3503 Per	ry St	. Mt. Rai	nier	, Mar	ylar	nd
238	BURIAL, CREE	MATION, 23b. DATE		Cedar Hi				LOCATION (City, tuitland,				tate)
24	. FUNERAL DIR		100	ADDRESS		25a. RE	C'D BY REG	GISTRAR 25b. F	REGISTRA	R'S SIGN	ATURE	
5	imons	Bros1661-	-Good I	Hope Rd SE	Was	h DC MAN	3 19	966 gcc	ionle	Jus	1ge	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 105 DE PENTIL

	1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1	a. COUNTY Prince George ts MARYLAND	a. STATE Maryland Prince George's
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	Cheverly DOA	1 Hillside
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Prince George General Hospital	1 1223 48th. Avenue YES NO
	3. NAME DF First Middle DECEASED	Last 4. DATE Month Oay Year
	(Type or print) Paul Thomas	Swank DEATH 12 5 1965
		8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Tune 20 1939 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
	Male White WIDOWED DIVORCED	June 20, 1939 216 birdinay) Months Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
1	during most of working life, even if retired) Truck Driver Construction Co.	Pennsylvania U.S. A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	William Thomas Swank	Margaret Gonder
I	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	Yes no, or unknown) ((ffyes give war or dates of service)	orothy Cook Monroeville, Pa. (sister)
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injury of	chest minutes
1	8234 DUE TO	
1	Conditions, If any, which) (b)	
4	gave rise to immediate cause (a), stating the DUE TO	
4	underlying cause last. (c)	
1		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Car	YES NO X
2	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO BE CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO BE CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO BE CONTRIBUTIONS CONT	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CAUSE OF DEATH. Driver of car whi	ch ran off road and hit a tree,
1	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, 20f. HCity or town Geo. (County) Md. (State)
	3:25pm p.m. 12-5- 1965 While at work at work Ardm	ore Road and George Palmer Highway.
1	21. I certify that I took charge of the remains described above, he	
		icide . Homlcide . Undetermined manner
-	double 1000 to	CHIEF MEDICAL EXAMINER
	ACTUAL OFFI	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	SIGNATURE TOWN	DEPUTY MEDICAL EXAMINER X
2	Riverdale, Md	
	23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER	
	Burial (Specify) 12/9/65 Hill's Chur	
	24. FUNERAL DIRECTOR ADDRESS	DEC. 8 1965 Charles Signature
	Francis Gasch's Sons Hyattsville, Md.	DEC 8 1965 forantes Judge

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The state of the s		ysterville, a s.	e company	of.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending onystojan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2000	9		Item #7 Film #6	E OF DEATI					11/2	00
1.	PLACE OF DEAT	Н		Lon-# (-Pilm-#C	1 Z. USUAL RESIDEN	CE (Where dec	eased lived, If In	stitution: R	esidence	before ac	imission)
	a. COUNTY	rince George	e¹s	MARYLAND	a. STATE Mary	land	b. COU	NTYPr.	Geo		
-	b. CITY OR TOV	VN (If outside corpora	te Ilmits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corr	porate limits, w	rite RURAL	and gly	e neares	et town)
		and give nearest tow	/n)	1 mo-17 da	Y Ilnnen	Marlbor	20				
_	d NAME OF HO	9	M (if not in	hospital, give street address	T. L.				1.0	. IS RES	IDENCE
				, , , , , , , , , , , , , , , , , , , ,	1				- 1	ON A F	FARM?
_		eorge's Gen		OSPITAL	Box 103	5			Y		NO 🗌
3.	NAME OF DECEASED	F	rst	Middle	Last	4. DATE	Mont	dh	Day	Ye	
	(Type or print)	Hammo			Swann	DEATH	200		25	19	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER		IF UNDE	
	Male	Colored	WIDOWE	D X DIVORCED	1879?		86 yrs.	WIOITHIS	Days	nours	141111
10	a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (C	County & State,	or foreign countr	y) 12. C	ITIZEN	OF WHAT	Г
Gu	Labore		u)	Retired	Marylar	nd			S.A.		
13	. FATHER'S NAM			10001100	14. MOTHER'S MAI						
	T.7.*	77 dam Crea	20.20		Marv	Estep					
15		Iliam Swa		6. SOCIAL SECURITY NO. 17.	INFORMANT	Escep		ife, I	52		
(Y	es, no, or unkown)	(If yes give war or dates o	of service)			Dag				Dd	
_	No				Chesley Swa	ann bx	. 3300	ATT. De			
				line for (a), (b), and (c),						RVAL BE ET AND	
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	idrenal	in suffer	leu c	4		3	mo	nth
2	474	DUE	то		10		1				
	Conditions, If		(b)			(
	gave rise to cause (a), s	NI PALLET	TO								
	underlying cau		(c)				ACT TO SERVICE				
NO.	PART II. OTHER	SIGNIFICANT CONDITION		BUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL	DISEASECON	DITION GIVEN IN	PART 1(a)	19.	WAS AL	JTOPSY
CAT									YE		NO T
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	of Injury In Pa	art I or Part II	of Item 18	.)		
5	(IF EITHER, NO	ING CAUSE OF DEA	NER)								
	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, f	arm. 20f.	(City or town)	(Cor	inty)	(State)
MEDICAL	Hour a.		Whil	e - Not while -	tory, street, office bldg.,	etc.)		167.1			
M		m. 19	at wo		11/11/		14/ 2/		1		\ \ 1
		- /	pital), atten	ded the deceased from	7	1965, to_	14 26	, 194	,	at (1) (1	
	Saw the de	ceased alive on/	4 2	1965, and th	at death occurred at;	00 th' 410	m the causes	and on t			above
	22a. SIGNATU	IKE	01-	1.11	ATTENDING -	MED.	STAFF	/7	T -	7 /	/
	22c. PHYSICI	Mud	af	10000 M	.D. PHYS.	DIRECTOR	PHYS.	12	1	1,0	5
	NAME (T		J. Tal	lbot, MD.	4307 W	Branc	h Hve	/Y/an	low	Heia	lete h
_	1						· (r/·C	1.4			IN M
23	REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF CEMETER		23d. LO	CATION (City, 1	own or co	unty)	(S	tate)
	Buria	1 12=29.	-65	St. Mary's	Methodist	C	roome,	FOLOTO	10.0101	Md.	
	. FUNERAL DIR		1.330	ADDRESS PLUMENTED I			965 25b.	Conf	SSIGN	ATURE	
B.	Tratio K	- HOLLINS	1 (1)	THE SHITTER SOLL "		1 '7 U 1'	MAN K		17 1		-

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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A PLACE OF DEATH a. COUNTY	Z VIII GOYO		E (Where deceased lived, If Institution:	Residence before admission)
Prince George's	MARYLAND	a. STATE	a D.C. b. county	ce George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RUR.	
Cheverly	D.O.A.	5/2/0/2/ Cr;	ittenden/Street/B	ladensburg / mo
d. NAME OF HDSPITAL OR INSTITUTION (If not in ho	spital, give street address)	STREET ADDRESS	658 F St. N.E.	e. IS RESIDENCE
Prince George's General Hos	pital	2304/4	M/St//N/.E.	YES ND X
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) Ida	Mae Ta	lhelm	DEATH December	19 1965
5. SEX 6. COLOR OR RACE 7. MARRIED	X NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UND) last birthday) Months	R 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED	DIVORCE D	1-24-18	47 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. Kil during most of working life, even if retired) IN	ND DF BUSINESS DR DUSTRY	11. BIRTHPLACE (St	ate or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	ome Maker	Smithfiel	d, Penn.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Earl Whoolery		Donna	Dancer	
	SOCIAL SECURITY NO. 17.	INFORMANT	Address	2504 14th St
	00-01-6828Sp	rague Talh		
1 18. CAUSE OF DEATH [Enter only one cause per lin		lugue rali.	CHI DI. MILIS	I INTERVAL BETWEEN
PART I DEATH WAS CALISED BY.				ONSET AND DEATH
IMMEDIATE CAUSE (a) MYOC	ardial Infarct	inn and Fib	rosis	
TLO DUE TO				
Conditions, if any, which (b) Coro	nary Occlusion	, left anter	rior descending	
cause (a) stating the DUE TO				
underlying cause last. (c) Coro	nary Arterioso	Lerotic Hear	rt Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ITA ITA				YES X NO
2Da. EXTERNAL CAUSE WAS 20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Item	18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. Time OF INJURY Month, Day, Year 20d. IN Hour a.m. While at work at work				
20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 2De. PLAC	CE DF INJURY (Home, fa	rm. 20f. (City or town) (C	county) (State)
Hour a.m. While	factor	ry, street, office bldg., el		
B p.m. 19 at work	at work			
21. I certify that I took charge of the rema	ains described above, hel	d an Autopsy χ ,	Inspection x, Inquiry	, and in my opinion
death resulted from: Natural causes X	Accident D, Sui	cide 🔲, Homicio	de, Undetermined manne	r 🗌
	1	CHIEF MEDICAL	EXAMINER	
ACTUAL SIGNATURE	1 chort	M.D. ASSISTANT MED	DICAL EXAMINER	22. DATE SIGNED
	/	DEPUTY MEDIC	AL EXAMINER .	
EXAMINER'S John Kehoe		Address (Street	, city, town, or county) verdal	e, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
Burial Dec 23, 196	5 Hopwood C	emeterv	Hopwood, Pen	nevlvania
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR 255. REGISTRA	nsylvania AR'S SIGNATURE
Lee FunrHome, 300 4th	St NE, Wash	, D.C. DATE DE	C 2 2 1965 John	rles Judge

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BAND SO SUPPLIES SABANT AT TROUBLE A series bearing to a limiters Larings George 'n Congrat Housian CONSIST PRINTED OF OUR PRINTED TOWNS (TOWNS) The relative vil

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please lemote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			E (Where deceased li	ved, If institution: R	tesidence before admission)
Prince Georges	MARYLAND	a. STATE Mar	yland	b. county	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	limits, write RURAL	and give nearest town)
Cheverly	27 days	Gre	enbelt		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	d. STREET ADDRESS			e. IS RESIDENCE	
Prince Georges General	Hospital	3 C	Plateau	Place	ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) Adassah		ulor	DEATH	Dec.,	13 19 65
5. SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	last t	Irthday) Months	Days Hours Min.
emale White WIDOWED [DIVORCED	31 May 18	95 70	yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) INDU	OF BUSINESS OR JSTRY	11. BIRTHPLACE (Co	ounty & State, or fore	gn country) 12. C	ITIZEN OF WHAT OUNTRY?
HOUSEWIFE		ENGLA	VD.		S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME		
JOSEPH SCHIFIE	LD	SAR	AH ANN I	VES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC (Yes, no, or unknown) (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	L State of the	Address	
(11 yes give war or gates of service)	НД	ROLD TAYLO	OR (HUSB	AND)SAME	AS \$2
18. CAUSE OF DEATH [Enter only one cause per line		1111111	on (nob)	IIID JOHNI	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		east four	Quan		ONSET AND DEATH
IMMEDIATE CAUSE (a)	1 00.00				
Conditions, If any, which	eno sclerat	eart fai-	dis eas	-e	
gave rise to immediate					
cause (a), stating the DUE TO	deriver of	i'h ile Più			
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT DELL	TED TO THE TEDMINAL D	UCEASE CONDITION	CIVEN IN PART 1(2)	119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COLUMN 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	//	. '10 1 .	^	1 1	PERFORMED?
Caranoma of H	Le Ce Ceum		Metaso		YES NO KX
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCU	IRRED. (Enter nature of	injury in Part I or	Part II of Item 18	.)
9	RY OCCURRED 20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e		town) (Coi	inty) (State)
Hour a.m. While at work	Not While at work				
21. I certify that (I) (this hospital) attended	the deceased fromov	. 17 19	65 to Dec	. 13 , 19 6	55, that (I) (we) last
saw the deceased alive onDec. 13	19 , 65, and that	death occurred at 6	.40MM rom the	causes and on t	he date stated above.
22a. SIGNATURE	10-0				ATE SIGNED
nousen) wary M.	ATTENDING	MED. STA	rs. xx Dec	. 13, 1965
22c. PHYSICIAN'S NAME (Type) Zouheir Shama	a, M.D.	Prince Geo	orge's Gen	1. Hosp.	Cheverly, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	unty) (State)
REMOVAL (Specify)		. CEMETER		SVILLE	MD.
24. FUNERAL DIRECTOR A HORSE	ADDRESS WASH		D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE
FRANCIS J. COLLINS 3821		NT 181 -	1 6 1965	Acharla	
LIMINOTO O. WALLING OFFI	TITIE DIE	IN . W . DATE	- 0 1000	#	0-0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in all event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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C	FRI	TIFICA	TE OF	DEAT	TH	

								13/11	
1.	PLACE DF DEATH				2. USUAL RESIDENCE	(Where deceased		Residence before	dmission)
		Georges		MARYLAND	a. STATE Maryland	1	b. COUNTY Prince	Georges	
	b. CITY DR TDW	N (if outside corporat	te limits, c. LF	ENGTH OF STAY IN 1b	c. CITY DR TOWN (If o				
	Riverda	and give nearest tow	11)		X College	Panle			60
			N (if not in hospital	l, give street address)	d. STREET ADDRESS	raiv		e. IS RE	SIDENCE
	Eugene	Leland Mem	orial Hoer	rital	ון רזמז די			YES	FARM?
3.	NAME DE		rst	Middle	last Last	erce St.	Month		ear
	DECEASED (Type or print)		XX Anna	Yaroie	Taylor	DF DEATH	December	0.0	1-1
5.	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	19. AGE	(In years IF UNDE		-
	Female	colored	1. INVILLED EST IN	CALL MARKIED	3-28-30	last	birthday) Months	Days Hours	
	2 0 1111-1111	11734.2	done 10b, KIND DE	DIVORCED T	11. BIRTHPLACE (Cour	nty & State or for	yrs. eign country) 12. (ITIZEN OF WHA	T
dur		IDN (Give kind of work on a life, even If retired	d) INDUST	RY				DUNTRY?	
13	Domestic FATHER'S NAM				North Car			USA	
40.									
15		rlie Pa Her		L SECURITYND. 17.	Jessie INFORMANT	May Turi	Address		
(Ya	s, no, or unkown)	(If yes give war or dates of	f service)	L SECURITY ND. 17.	,	7 7			
					Husband/Medi	LCAL Reco	ord		
-		DEATH [Enter only on		(a), (b), and (9)]		_	/-	INTERVAL B	
	PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE		2 BK	h ova	V1 6	wellse	ores /	44
	1750	DUE	TO ,	1		~			1
Ц	Conditions, If		(b) U	leme	cl			2.10	R
	gave rise to cause (a), st		то						
	underlying caus	a treat	(c)						
5	PART II. DTHER S	IGNIFICANTCONDITIO	ONS CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS A	UTDPSY RMED?
CA								YES	ND
TE LE	20a. ACCIDENT	WAS UNDERLYING	2Db. DESCRI	BE HOW INJURY OCCU	IRRED. (Enter nature of I	njury in Part I o	r Part II of Item 18	B.)	
CE	(IF EITHER, NOT	NG CAUSE DE DEAT	NER)						100
SA	2Dc. TIME OF I	NJURY Month, Day,	Year 20d. INJURY		CE OF INJURY (Home, farr	n, 2Df. (City	or town) (Co	unty)	(State)
Ē	Hour a.n		While N	ot While facto	ry, street, office bldg., etc	.)			1.3
Σ	21 Loorlif			at work	12-1/1- 10	65 to 12	2-23- 10	65, that (I)	iuo) lass
		y that (I) (this hosp eased alive on	12-23-		death occurred at 10				
	22a. SIGNATUR		1	, and that	death occurred at an	Za Zivi, ITDIII (N		DATE SIGNED	d annve.
		110 1	PIMA	11	ATTENDING MI	ED. S	TAFF -	-23-65	
	22c. PHYSICIA		evivo	M.D	PHYS. DI	RECTOR PI	HYS. [] 12	~2)=05	
	NAME (Ty	Pe) R. C. Her	man, M. D.	. Wol Ques	ensbury Road	Riverda	ale. Marvl	and	
23a		ATION 23b. DATE T	THEREOF 23c.				ON (City, town or co		tate)
	REMOVAL (Spe	(clfy) 12-24	7-65 11	Urnion 7	nem Park	Hugh	and fa	rke 9	nd
24	. FUNERAL DIRE	CTOR	0-040	ADDRESS	D = 25aREC'I	D'BY RECISTRAR	25b REGISTRAN	'S SIGNATURE	
11	S.Word	motion 1 6	4975	V	DEC.	2 9 1965	Jeliane	es Judge	
1	CIVO V SI	7 4 3	TING	12410	DATE	~ 0 .000	1	0 0	

12-27 25 Showing more for Hope Shope the Ball the

FOR STAFE

If any delay is necessary, to the funeral director. Page be retained for your files.

please execute the certificate, writing the word "pending" in pencil in left 18. Give Pages 1, 2 art of the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after

VR A15ME 5M 1/63

NAME (Type)

23. FUNERAL DIRECTOR

22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify Burial Dec. 28-65

bros.

J	Items 18&21 Film G374MA	RYLANDISTATE	DEPARTMENT	OF HE	ALTH				
)	15910 MEDICAL	EARCH AND RECORDS AL EXAMINER'S			ET, BALTIM		MAR	YLAND 2025	32
	PLACE OF DEATH a. COUNTY Prince George		2. USUAL RESIDEN	CE (Whare d	b. COUN	YTY			dmission)
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	e. CITY OR TOWN ((If outside eon		nce G			n)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	DOA ospital, give streat address)	d. STREET ADDRESS	Oxon Hi	ill				ESIDENCE
	Prince George General H	Hospital	8100 Oxc						NO G
3.	NAME OF First DECEASED (Type or print) Retha	Middle Lorraine	Tennyson	4. DATE OF DEATH	Month		Day 25	Year	65
5.	SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH 17 June, 19		9. AGE (In years last birthday) 42 yrs.	IF UNDER Months	Days	IF UNDER Hours	24 HRS. Min.
10a do	and during most of smalling life asset if a story	KIND OF BUSINESS OR INDUSTR					USA	F WHAT C	OUNTRY?
13.	Clifford Hamilton		14. MOTHER'S MAIDEN Daisy	NAME				10.	
	es, no, or unkown) (Ifyesgivewerordatesofservice)	Ja	informant ames W. Tenny	yson	Address Same as				
	9219 DUE TO	r line for (a), (b), and (c).] Acute Pulmonary From aspiratio		c con	tents		ON	ERVAL BETY ISET AND D inute	DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR			RMED?
	206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED.	(Enter nature of Injury in P	Part I or Part II	I of item 18.)				
MEDICAL	Hour a.m. While p.m. 19 at wo	ila Not Whila of fectors at work	CE OF INJURY (Homa, farm fory, street, office bldg., atc.		ty or town)	(Co	ounty)		(State)
	21. I certify that I took charge of the rer			Inspection		У 🗷	_	in my op	oinion
	ACTUAL	Accident . Suici	CHIEF MEDICAL E	EXAMINER [ndetermined m	anner		ATE SIG	MED
	EXAMINER'S John Keh	oe, M.D., River	M.D.			12-	25-6		

Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Arlington National Cemetery, Arlington KKIKK Virginia

DEC 28 1965 Clianley Judy ADDRESS

1661- Good Hope Rd. SE. Wash. DC.

(State)

The state of the s the set to be a confidence of the \$ 38 mg 1 2 East 2 Court 19 and the second second one work some and were -it

MARYLAND STATE DEPARTMENT OF HEALTH

The state of the s The I will some 3. 1 Washington A. Edited Director well-out of the second ships A STATE OF A STATE OF A AND THE RESERVE OF THE PERSON spirite " 12/1/65 Ft Liberlan Collins Money met The water to you I gatherell , mil

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE, MARYLAND RECORDS. 21201

FOR STATE HEALTH DEPT

PM3. Page

with the State Department af within 72 haurs after death 16912

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-					
T.	PLACE OF DEATH				: Residence before odmission)
1	Prince George's	MARYLAND	o. STATE Maryland	b. COUNTY	nce George's
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside		
	write RURAL and give nearest town) Cheverly	DOA	Seat Pleasan	+.	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS		e. IS RESIDENCE
	Prince George General Hos	pital	7232 Joplin	Street	ON A FARM? YES NO 🔼
3.	NAME OF First DECEASED	Middle		OATE Month	Doy Year
L	(Type or print) Clement A	lan Thor	nton [EATH 12	30 19 65
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	Male Negro WIDOWED	DIVORCED .	8-5-1959	6 Yrs.	nonnis Doys (nons min.
10		IND OF BUSINESS OR	11. BIRTHPLACE (Stote or for	0 //	12. CITIZEN OF WHAT
al	Student	IDUSTKT	Washingtor	, D.C.	CO US À
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	James Leo Thornton		Marcia		
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
1	(es, no, or unknown) (If yes give wor or dotes of service)	J	ames Thornto	n-7232 Jop	olin Street
F	IB. CAUSE OF DEATH (Enter only one couse per line for				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ultiple injurie	C		ONSET AND DEATH
ı		racture of both		ndible	
	Conditions, if ony, which gove) (b)	lacture of both		MINTOTE	
	rise to immediate couse (o), stoting the underlying couse	Y-Tacatarani-or	Oforti		
	last. (c)				
L	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY
CERTIFICATION					PERFORMED?
FICA	2Do. EXTERNAL CAUSE WAS 2Db. DF	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I	or Port II of item IR \	AF2 NO PC
FE	PRIMARY TO CONTRIBUTING	SCRIBE HOW INJURY OCCURRED.	Lines nature of injury in Port I	or roll if of field 15.)	
		NJURY OCCURRED 2De. PLAC	T	200 (C'A A)	16
MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor 20d. II Haur o.m. While	Not While 2De. PLAC	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	Pleasant, Md	(County) (Stote)
≥	6:550m p.m. 12-30- 17 05 of wor	k □ of work □ 6900	block of Gedr	ge Palmer Hi	ghway, Seat
	21. I certify that I took charge of the rer	moins described obove, hel	ld an Autopsy 🔲, 🛮 Ins	pection , Inquiry	y x, ond in my opinion
L	deoth resulted from: Notural couses], Accident 🔀, Suici	ide, Homicide,	Undetermined mon	ner
	ACTUAL		CHIEF MEDICAL EXAMI	NER	
	SIGNATURE SOM	2/1	M:D. ASSISTANT MEDICAL E		22. DATE SIGNED
	EXAMINER'S		DEPUTY MEDICAL EXA		
	NAME (Type) John/Kehoe, M.D.	Riverdale, Md.	Address (Street, city,		12-31-65
23	Bo. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		Bd. LOCATION (City or Town)	
_	urial 1/4/66	Mt. Olivet		Washingto:	
	24. FUNERAL DIRECTOR John 1. Stein	ADDRESS	2So. REC'D BY R		TRAR'S SIGNATURE
S	tewart Funeral Home 40	Jul Benning F	Road, NEAN E	1000 PCC	conles Judge

1966

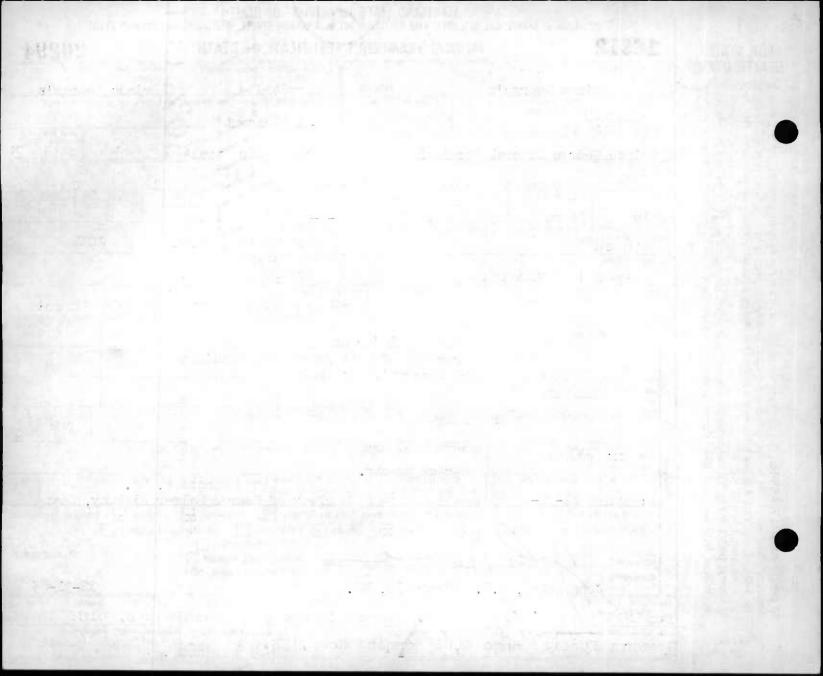
VR A15ME (5) 6M 1/66

5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

Health or its designated agent, priar ta burial, crematian, ar remaval, and in any TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Marvland Prince George's Prince George's MARYLAND Department after death. y is necessary, to the funeral age 5 may be c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give nearest town) District Heights DOA Cheverly e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? ay is 3 to t Page State bours 5118 Logan Court YES NO I Prince George General Hospital and 3. NAME OF Last DATE Month Year Middle With the DECEASED DEATH (Type or print) 19 Dorothy Tucker AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 6. COLOR OR RACE DATE OF BIRTH form 7. MARRIED NEVER MARRIEO last birthday) | Months | Days Hours | Give Pages 24 hours after death. NX DIVORCED WIDOWED 12-31-1906 Female White Item 18. Give Pag Office along with and event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KINO OF BUSINESS OR INOUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? New York -1 Secretary T. Paul Mudd Real Estate Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Page Ruby Blair Daniel Paton Office File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address in pencil in permit. I (Yes, no. or unkown) (If yes give war or dates of service) Albert Blair Tucker 5419- Auth Rd. SE. EXAMINER: This certificate should be executed within a certificate, writing the word "pending" in pencil in hould be forwarded to the Chief Medical Examiner's INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Heart failure burial-transit | cremation, or minutes OUE TO Conditions, If any, which (b) Coronary artery occlusion gave rise to Immediate DUE TO cause (a), stating the Arteriosclerotic heart disease unknown ca " underlying cause last. burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES PA NO T us OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) be 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | PIE CAUSE OF DEATH. 3 should 20f. (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Oav. Year factory, street, office bldg., etc.) the certificate 4 should be for ir files. Hour a.m. Not While Whlie CTOR: Page designated at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection | x Inquiry X FUNERAL DIRECTOR: Accident Suicide Homicide Undetermined manner Natural causes x death resulted from: execute the r. Page 4 s d for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER X Health please ex director. retained f EXAMINER'S John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) To REMOVAL (Specify) Cedar Hill Cemetery Suitland, Marylad Dec. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR **ADDRESS** Michaeles Judge Simmons Brothers 1661- Good Hope Rd.SE. Wash.DC VR A15ME/

3500 4-64

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		n! 65 gp)	
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	5 mede/2 *1 (45 - 14)		
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	band district b	Epon wolfern	
	X SIE		
	Constitution of the second of	THE NAME OF THE PARTY.	

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FOR

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 19 hours after death.

VR A15ME

	Item 20 Film G	375 4/MARYLAND STATE DEPARTMENT OF HEALTH	
STATE	Division of STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MARYLAND
DEPT!	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, if institution	n: Residence before a

S	CERTIFICATE O	F DEATH	20296
	a. STATE Maryland	b. COUNTY	n: Residence before admission) County
	c. CITY OR TOWN (If outside e	sorporate limits, write RURAL	end give nearest town)

Prince George's	MARYLAND	Maryland	Char	Charles County	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		f outside corporate limits, write		
Cheverly	8 days	Waldorf	18	V- 2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street eddress)	d. STREET ADDRESS	1.		. IS RESIDENCE
Prince Coonce Conound I	In most of	DED 7 Dess	7 50		YES NO
Prince George General I	Middle	RFD 1, Box	4. DATE Month	Day	Year
(Type or print)	4 11	-	OF DEATH		10 (
5. SEX 6. COLOR OR RACE 7. MARR	Arthur	Turner	12	IF UNDER 1 YEAR IF	19 65 UNDER 24 HRS.
		DAIL OF BIRTH	last birthday)		Hours Min.
Male Negro WIDOW	Marie Land 1	10-31-1885	80 Aug		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stele	or foreign eountry)	12. CITIZEN OF	WHAT COUNTRY?
farming		Prince Ge	orgas, Ma.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Unknown		Georgia	anna Yate	2.5	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unkown) (Ifyesgivawerordatesofservice)		NFORMANT	Address	U	oldorf,
a	717-32-2265 Rol	land Turner	- R. F. D. 1 - Box		Md.
18. CAUSE OF DEATH Enter only one cause per		THE TOTAL		INTER	VAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Gur	shot wound of	hand			days
9190 DUE TO	SHOU WOULD OIL	Head			uays
0.00					
gave rise to immediate cause					
(e), stating the underlying DUE TO					
cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO	INTERNITING TO DEATH BUT NO	T DELATED TO THE TERMIN	IAL DISEASE CONDITION CIVE	Chi thi BART 1/- 1/ 50	WAS ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CO	MINISTING TO DEATH BUT NO	I KELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	M IN PAKI 1(8) 19.	PERFORMED?
3				YES	NO 🗆
PRIMARY Or CONTRIBUTING	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ert I or Part II of item 18.)		
120	KAYOLEX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12/11/11/11	111144		
0		CE OF INJURY (Home, ferm bry, streat, office bldg., etc.		(County)	(State)
11:00 xx 12/17 19 65 of whi		n on farm		arles Md	•
21. I certify that I took charge of the re	mains described above, hel	d an Autopsy X,	Inspection X, Inquiry	and in	my opinion
death resulted from: Natural causes	Accident Suicio	de . Homicide	, Undetermined ma	enner 2	
1//	WIT	CHIEF MEDICAL E	XAMINER [
ACTUAL SIGNATURE	Tekse	M.D. ASSISTANT MEDI	CAL EXAMINER	DA	TE SIGNED
	1507	DEPUTY MEDICAL	EXAMINER T		
examiner's John Kehoe, M.D.	Riverdale, Md.	Address (Street, c	ity, town, or county)	12-27-	65
220. BURIAL, CREMATION, 221. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,		(State)
REMOVAL (Specify) 12-29-65	St. Phillips	Ep. Ch. Cem.	To unano	md.	
23. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE	EL LENGTH OF THE
Martell adams	Equasco /1	2d, JAN	3 1966 gold	arley Jud	ge
	1		- 1000 H	0 -6	/

a chara o baka 12 1.4.15 A. 1/6.3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

PLACE OF DEATH

1103

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11 2

IISHAL RESIDENCE (Where deceased lived If institution' Residence before admission)

a. COUNTY	Pr. Geo.	The state of the s		a. STATE	yland b. coun	Pr.	F ac
Write RURAL	VN (if outside corporate lie and give nearest town)		AY IN 1b	c. CITY OR TOWN (If or	itside corporate limits, wr		
Cheve		not in hospital, give street	address)	A Bel Aij	Bowie		e. IS RESIDENCE
		General Hosp		12102 Kakaz-Maddo	x Lane		ON A FARM?
3. NAME OF	First	Middle	" "			h Da	
DECEASED (Type or print)	EVA	L.	78	Last VILLEY	4. DATE Monti		19 65
5. SEX	6. COLOR OR RACE 7. 1	MARRIEO NEVER MARRI	ED 8.	DATE OF BIRTH			R IF UNDER 24 HRS.
Female		IDOWED DIVORO		eb. 24-1895	70 yrs.	Months Oays	
during most of work	(Ing life, even if retired)	10b. KIND OF BUSINESS (INDUSTRY	OR	11. BIRTHPLACE (Cour	ity & State, or foreign country	12. CITIZEN COUNTR	OF WHAT
13. FATHER'S NAM		1		14. MOTHER'S MAIDER		-	
200 Tritle O tritle	Joseph Poe			Hattie	Potter		
	EVER IN U.S. ARMED FORCE		VO. 17. IN	FORMANT	Addres	SS	
(Yes, no, or unkown)	(If yes give war or dates of serv	ice)	A. J.	une Philyaw	Same as It	em #2	
	DEATH [Enter only one car EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line for (a), (b), and	(c).]	ny FAI	Lore	INT	ERVAL BETWEEN
Conditions, If	any, which) DUE TO	Cerebra	1 7	hrombos	15	/	HOUR.
gave rise to cause (a), s underlying cau	itating the OUE TO	Cerebrah	ART	Enio scher	2130	2	years
	SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BUT	SION		EASE CONDITION GIVEN IN		WAS AUTOPSY PERFORMED?
	WAS UNDERLYING ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJ	URY OCCUR	REO. (Enter nature of li	njury in Part I or Part II o	of Item 18.)	
Hour a.	INJURY Month, Oay, Year m. 19	20d. INJURY OCCURRED	20e. PLACE factory,	OF INJURY (Home, farm street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certi	that (I) (this hospital	attended the deceased	from		5, to Dec 5		that (I) (we) last
22a. SIGNATU			and that t		A.	22b. DATE S	
10	The rocke	ee mo	M.D.	ATTENOING ME	D. STAFF PHYS.	Dec. 7-1	1965
22c. PHYSICI, NAME (T	vno\	ck Crowell		22d. ADDRESS 2025-I-St.	. N. W. Wash	a. DC	
23a. BURIAL, CREI	MATION, 23b. DATE THER	EOF 23c. NAME OF	CEMETERY O		23d. LOCATION (City, to		(State)
REMOVAL (Sp Buris	al Dec. 10-1		Hill C	emetery		Maryland	
24. FUNERAL DIR	ECTOR	AOORESS			BY REGISTRAR 25b. R		NATURE
Simmons B	ros. 1661-Good	d Hope Rd SE	Wash D	c DEC	1965 900	careles Ja	udge
					U	U	-

VR AI5 (4) 20M I/65

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	orand contractly	S. S. Lavenius at 1950	Carolina A. A. Callen
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	emanas vagiliji ani.		
	Park FALLORE	Arrena	
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3100/67	A TRULE SO KEN - S. O.S.	Solve Sol	
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	and on a particular of the su	27、位本等	XEXUS
States to select		(A 153
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Arra-sa.	Admirius III	11. 10. 0 201-01	
	plant a decide to	and the left most freely-	N. L. Commission of Co.

VR A15 (4) 20M 1/65

24.

crest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (County) M. from the causes and on the date stated above. 22b. DATE SIGNED LOCATION (City, town or county) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. ADDR ESS 25a. DEC

e. IS RESIDENCE

YES

Day

12. CITIZEN OF WHAT

たる.

19.

. 3

YES

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO K

(State)

65

(State)

PERFORMED?

COUNTRY?

ON A FARM? NO L

Year

19

4 - 4 9

FOR STATE HEALTH DEPT.

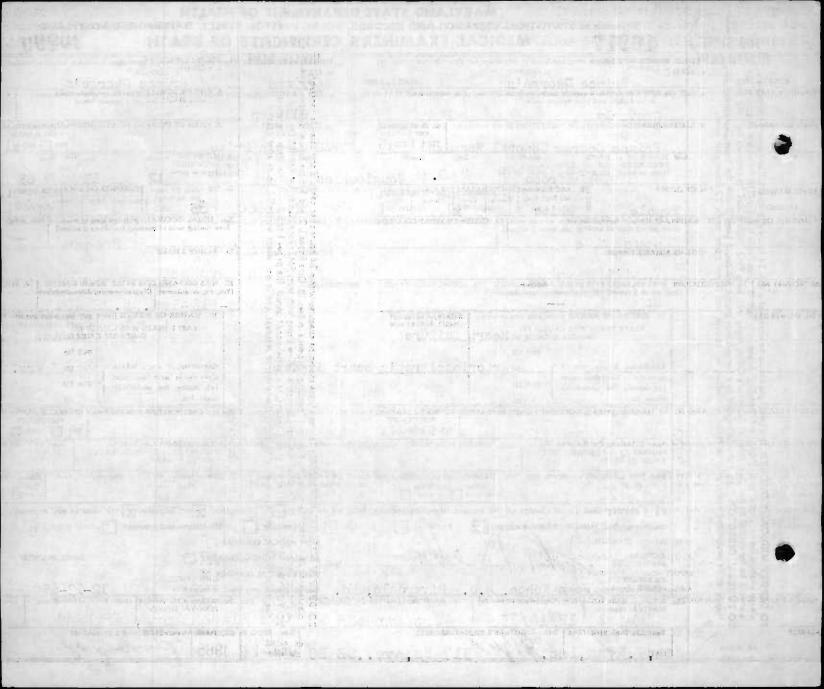
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file page 1 with the State Department of Health or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours effer death.

5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

16917	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	30299
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Resid	ence before edmi
a. COUNTY	a. STATE b. COUNTY	

	a. COUNTY					a. STATE		b. CO		ii Kesigen	re pelote (omission)
-		ce George's			MARYLAND		land	Prin	ice Ge			
		If outside corporeta limit give nearest town)	ts,	e. LENGTH	OF STAY IN 16	c, CITY C	OR TOWN (If outsi	de eorporata limits, w	rite RURAL	and give	nearest tow	/n)
	Cheverly	3		DOA		1 0	linton					
-		TAL OR INSTITUTION (f not in hos		et address)		T ADDRESS				1 e. 15 PI	ESIDENCE
						/					ON	A FARM?
	Prince G	eorge Gener	al Ho	spital			ircle Dr				YES [NO E
3	NAME OF DECEASED	First		M	iddle	Last		OF Me	nth	Day	Year	r
	(Type or print)	Efroso	ie	G.	Vougio	uklee		ATT WINDS	2	13	19	65
5	. SEX	6. COLOR OR RACE	7 MADDIE	D NEVER	MARRIED 1 8	DATE OF BIR	TH	9. AGE (In ya	~		IF UNDER	
								last birthda			Hours	Min.
	Female	White	WIDOWE				2, 1880	85 ул.				
1	On. USUAL OCCUPAT	ION (Giva kind of work orking life, aven if retire	10b. K	IND OF BUSIN	IESS OR INDUSTR	Y 11. BIRTHP	LACE (State or fore	eign country)	12. 0	CITIZEN C	F WHAT C	OUNTRY?
	Housewi	_	-			Snant	ta.Gree	20	-	'maa	0.0	-
1	3. FATHER'S NAME					14. MOTHER	'S MAIDEN NAME	Ce		ree	ce	
-	Vasili						araula .					-
10	 WAS DECEASED EV Yas, no. or unknown) (!) 	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECU	JRITY NO. 17. 1	NFORMANT		Addr	0.85			
1	No				He	len I.	Mamako	s-511-3r	1.St	SE	DC3	
-	18. CAUSE OF D	EATH [Enter only one	cause per l	ine for (e), (b)	, end (c).]		- Jeman O	/		I IN1	ERVAL BET	
1	DART L DEAT	IL AVAC CALIFER BY								10	ISET AND I	DEATH
	./	IMMEDIATE CAUSE (a)	neart	Iallu	re					m.	inute	5
	1 4200	DUE TO										
	Conditions, if any	, which) (b)	Arter	ioscle	rotic he	art dis	ease			DV	er 5	vrs.
	gava rise to Immedi	iate cause										
	(a), stating the u	nderlying										
1.	eause last.) (c)	TIONIS CO.	ITRIBUTE IO T	D DEATH OUT	T DELATED TO	THE PERSON IN THE	CEACE CO. DITIO	11181 m. s.	DE 4	0 117.0	145.05.511
0	PART II. OTHER	SIGNIFICANT CONDIT	IIONS CON	INDUING I	DEATH BUT NO	I KELATED TO	THE TERMINAL D	SEASE CONDITION (SIVEN IN PA	(K(](e)]		RMED?
14	3											NO X
CEPTIEICATION	20s. EXTERNAL CA	AUSE WAS 2	Ob. DESCR	IBE HOW INJ	URY OCCURRED.	(Enter nature o	f injury in Part I or	Part II of item 18.)				
93	PRIMARY OF CO	INTRIBUTING [
				INITIDY OCCI	IDDED OA- PLA	CE OF BUILDY	(Home from 1 00	M (City or town)	10			150.4.2
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Yee	While	INJURY OCCL		CE OF INJURY ory, street, offic		f. (City or town)	(C	ounty)		(Stete)
ME	p.m.	19	at wor									
		nat I took charge o	f the rem	ains descri	bed above, he	ld an Autor	sy , Inspe	ection Inq	uiry x	and	in my o	pinion
	death resulted		-	Accide			lomicide ,	Undetermined	100		, 0	,
	death resulted t	I OIII: INBIUTAN CA	A PA	Accide	" Jule				manner			
			14	1/	1	CHIE	F MEDICAL EXAMI	NER				
	ACTUAL SIGNATURE	1 x m	/ 1.	en	7	M.D. ASSI	STANT MEDICAL	XAMINER		E	ATE SIG	NED
		1111	,				TY MEDICAL EXAM	MINER 🔀				
	EXAMINER'S NAME (Typa)	John Kehoe	MD	Rim	ardale			E.30		12-	13-65	
2		ON, 22b. DATE THERE	OF I	22c. NAME	OF CEMETERY OF	CREMATORY		LOCATION (City, to	wn, or coun		(Stet	e)
1	REMOVAL (Specify	1 1	-									
L	Burfial	/112/16/6	5		t Linco	ln	B.	Ladensbur	eg, Ma	rvla	and	
13	3. FUNERAL DIRECTO	R A	1.0	ADDRES	5		24a. REC'D BY	REGISTRAR 24b. R		(1)		
1	Jas.T.Rya	n.Inc.	yes y	377 D.	ATTO	SE DO	WELL 16	1965 40	conte	o Jus	1ge	
7	ab . I o It ya	TI STILL OFF	-	14/10	a.Ave.,	טע עני	10	10001		0	V	
										-		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please canove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEAT	ТН				CE (Where deceased		: Residence	before admissi
	Georges		MARYLAND	a. STATE Maryland	3	Prince	Geor	pes
b. CITY DR TDV	WN (if outside corporat L and give nearest tow	e limits, n)	c. LENGTH OF STAY IN 15					
Riverd	ale		2 days	1 College	Park			
d. NAME DF HO	OSPITAL OR INSTITUTIO	N (if not In h	ospital, give street address	d. STREET ADDRESS			6	DN A FARM
	Leland Memo				nyside A			YES NO
3. NAME DF DECEASED (Type or print)	Fit Ell:	rst a – Ell	en J.	Last Ward e n	4. DATE DF DEATH	Month 12	Day 7	Year 1965
5. SEX				8. DATE OF BIRTH	Delining	(In years IF UND	ER 1 YEAR	
F	W	WIDDWED		4-9-1883	last 82	birthday) Month		Hours Mi
10a. USUAL DCCUPA during most of work Housewif	TION (Give kind of work of king life, even if retired	done 10b. k	CIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	County & State, or fo		CITIZEN COUNTRY U.S.	OF WHAT
13. FATHER'S NAM				1 14. MOTHER'S MAI	DEN NAME		0.00	
			Devers	F	uller			
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SDCIAL SECURITY NO. 17	INFORMANT		Address		
No No	(If yes give war or dates of	service) 5	78-26-3811 I	Lovell Mortfe	eld, Frie	nd/Medica	l Rec	ord
	DEATH [Enter only one	cause per	line for (a), (b), and (c).]				INTE	RVAL BETWEE
PART I. D	DEATH WAS CAUSED BY:	(a)	MYOCARDU	AL INFA	PCTION	1 ACUT		ET AND DEATH
420	/ DUE		PRTERIOSCU					NKNOW
Conditions, If		(b)	1000010100	Je Rollic 1	CALACTOR	100000		
cause (a), underlying cau	stating the DUE	TD (c)			4	C) Coloc		
-			UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITIE	N GIVEN IN PART 1		WAS AUTDPS PERFORMED
	T WAS UNDERLYING TING CAUSE OF DEAT OTIFY MEDICAL EXAMIN	TH VER) 20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f Injury In Part I	or Part II of Item	18.)	
Hour a.	INJURY Month, Day, 1.mm. 19	Year 20d. While at wor	Not While fac	ACE OF INJURY (Home, f tory, street, office bldg., o		or town) (County)	(State)
		ital) attend	ed the deceased from	5 DEC. , 1	9/GJ to 7	DEC. 19	65, th	at (I) (we) I
saw the de	eceased alive on	7 Dec	19 45, and th	at death occurred at	M, from th			
22a. SIGNATU	JRE ()-	Horn	urun) M	D. ATTENDING	MED. S	TAFF HYS. 22b.	DATE SIG	C. GJ
22c. PHYSICI NAME (1		oumann,		22d. ADDRESS	ensbury Ro		rdale,	Md.
23a. BURIAL, CRE			23c. NAME OF CEMETE			ON (City, town or		(State)
Burial Burial			Arlington			ston, Va		(5.2.10)
24. FUNERAL DIR	RECTOR	/	ADDRESS NO	25a. RE	C'D BY REGISTRA		17 (1)	ATURE
Stolal.	Hum. Ph		741 114/11	BEC	1 0 1965	Milian	cay you	rage-

VR AI5 (4) 20M 1/65

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Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTMENT OF HEALT	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
16919	CERTIFICATE OF DEATH	2030

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY								
	Prince	George's		MARYLA		Mary			Prince			
	b. CITY OR TOW write RURAL	VN (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If		corporate limits, v	rite RURAL	and glv	e neare	st town)
_		Cheverly		4 days		Holly H	ark					
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In ho	spital, give street add	lress)	d. STREET ADDRESS				6	IS RES	SIDENCE FARM?
	Prince	George's G	Seneral	Hospital		1206 Hi	ll Ro	ad		,	YES 🗌	NO 🗌
3.	NAME OF DECEASED		rst	Middle		Last	4. DA	TE Mon	th	Day	Ye	ar
	(Type or print)		William	m	Wa	shington			ec.	23	19	65
5.	SEX	6. COLOR OR RACE		NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER		1	
	W-1-		WIDOWED	DIVODOCD		5-10-88		last birthday 77 yrs.	Months	Days	Hours	Mln.
10:	a. USUAL OCCUPA	Netro TION (Give kind of work	done 10b. KI	IND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & St		ry) 12. C	ITIZEN	OF WHA	T
dui		ling life, even if retired	d) IN	DUSTRY		Maryl	and		IIC	OUNTRY	3	
13	. FATHER'S NAM	Laborer				14. MOTHER'S MAIL		F		10 12		
-					10.1							
15	WAS DESCRISED	lliam J.	Washin	gton	1 4 %	Catheri	ne t	JKN	and .	3/1.1		
(Y	es, no, or unkown)	(If yes give war or dates of	f service)	SUCIAL SECURITY NU.				Hunts Mar		Md.		
	No				Le	eo Washing	ston	1206 Hi	11 R	1.,		
	18. CAUSE OF	DEATH [Enter only one	e cause per II	ne for (a), (b), and (c).]	0 0				INTE	RVAL BI	TWEEN
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Y	When	1 OF	my de	em	a		ONS	EI MID	DEATH
	4200	DUE				000	0					
	Conditions, If	any which \	(b)	Myoca	20	lealf	all	une		1		
	gave rise to	Immediate (- 0		1 1				
	cause (a), s underlying cau	tating the	ai	toriose	20-	ole le	earl	1 duse	- el			
N		SIGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH BUT NO	TRFLA	TED TO THE TERMINAL I	DISFASEC	CONDITIONGIVENI	N PART 1(a)	119.	WAS A	UTOPSY
ATI	a	. + 0-	T.	e Itali		a 2 - 14	200	less 6-				RMED?
FIG	200 ACCIDENT	WAS UNDERLYING	Look D	FOCULER HOW IN HIP	00011	DDED /Fator noture of		n Dort I or Bort II	of Itom 15		s 🔲	NO
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH	TH NER)	JESCKIBE HOW INJUKT	UGGU	RRED. (Enter nature o	r injury ii	n Part I or Part II	or itam 10	o.)		
MEDICAL		INJURY Month, Day,	Year 20d. IN	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa	arm, 20	f. (City or town)	(Co	unty)		(State)
EDI	Hour a.	m. 19	While at work	Not While at work	racto	ry, street, office bldg., e	etc.)					
Σ					ma	1	0	to	10	0 = +1	not (I) (wo) last
ш		fy that (1) (this hosp ceased alive on	ntan attenue	10 20	d that	death occurred at	9 55,	from the cause	and on	the dat	o etato	d ahove
	22a. SIGNATU		12-	23 65 , 411	u tilat	ueath occorred at	:25P"	, ITOM the cause	22b. I	DATE SI	GNED	u abovo.
	a	on B	ion	ren	M.D	ATTENDING PHYS.	MED. DIRECTOR	R PHYS.		-2		65
	22c. PHYSICI.		AME	-6.00		22d. ADDRESS	ER	RY ST	NIE	- 1	45	1
-	1 1	0000		310070						1		2
23:	a. BURIAL, CREI	MATION, 23b. DATE 1	THEREOF -65	23c. NAME OF CEN	O /	OR CREMATORY	23d.	and en	town or co	unty)	A	State)
24	FUNERAL DIR	ECTOR	2 10	ADDRESS /	00	77 £ 25a. RE	C'D BY R		REGISTRAF	'S SIGN	ATURE	
4	minte	P. K. M.M.	10 43	J4 Hune	10	DATE	029	1965	liant	en I	udge	-
	1	- CILLU	2	Casku: 1	J.C	_ 1 DATE	19 1	1000		-1	0	

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	yest vilot	2045 #	Y/asyes2
	Neck 1226 aUSE	. Antiquel Armens	r'sposs) sonin'i
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-							- C - F-	
1.	PLACE OF DEATH COUNTY		2. USUAL RESIDEN	VCE (Where de	caased livad, If b. COUN		ldence before	edmission)
	Prince George	MARYLAND	Md.]	Prince			
	b. CITY OR TOWN (if outside corporate limits, c. LENGTI	H OF STAY IN 16	c. CITY OR TOWN				ive nearest tov	vn)
	write RURAL end give nearest town)	DO A	X a	. 1 7.1				
_	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give st	DOA	d. STREET ADDRESS	nbelt			1 - 10 B	ESIDENCE
	B. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give si	reer eddress)	d. STREET ADDRESS					A FARM?
	Prince George General Hospi	tal	9177 Ma	rket La	ne.		YES T	NO I
3.	NAME OF First DECEASED	Middla	Last	4. DATE	Montl	, [Dey Yea	r
	(Type or print)		1.0 - 2	OF DEATH	7.0		21. 19	60
5		eresa	Whalen . DATE OF BIRTH	10	AGE (In years	LIF LINDED 1 VE	Proof Bridge	65
1	6. COLOR OR RACE 7. MARRIED WINEYER	-WOANNIED-	. DAIL OF BIRIT	/*	last birthday)	Months De		Min.
	The state of the s	NORCED TO	25 July, 19	08	57 yrs.		, , , , ,	
	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS	NESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign sour	ntry)	12. CITIZE	N OF WHAT	COUNTRY?
90	ne during most of working life, even If retired)	011	N 11 1			11	ca	
13	Retieed bookeener Galludet	lollege	New York	JAIAME		U.	D.H.	
	imon J. Shea		Inlia Kell	4				
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. 1	NFORMANT	017	Address	L D-		
111	no, or unkown) (Ifyesgivewerordetesofservice)	The	mas W. Whal	91/	Marke		,	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (meters was wroten	Gre Gre	enhelt,	Maryla	INTERVAL BE	TWEEN
							days	DEATH
н	IMMEDIATE CAUSE (a) Meningi	tis					days	
	130.2 DUE TO							
	Conditions, if eny, which \ (b) Osteomy	relitis o	f skull				10 yrs	
	gave rise to immediate cause						-	
	(e), stating the underlying DUE TO					A COLUMN TO SERVICE STATE OF THE PARTY OF TH		
	cause last. (c)							
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1		AUTOPSY DRMED?
F							YES T	NO PA
E E	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW IN	JURY OCCURRED.	(Enter nature of Injury in	Pert I or Pert II o	of item 1B.)		1	
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC	CURRED 20- DI A	CE OF INJURY (Homa, fer	m, ! 20f. (City	as terms	(County		(State)
MEDICAL	Hour e.m. While Not W		ory, street, office bldg., et		or rown)	(County	,	(21016)
ME	p.m. 19 at work at work	rk 🔲						
	21. I certify that I took charge of the remains described	ribed above, he	ld an Autopsy .	Inspection	X, Inqui	y X, E	and in my o	pinion
	death resulted from: Natural causes X Accide	ent C. Suic	ide . Homicide	D. Und	letermined m	anner 🗍		
	Accident leading House	Jii, Suite			ioioi iiiiiiiou ii			
	1 // N //		CHIEF MEDICAL					
	ACTUAL SIGNATURE	7	M.D. ASSISTANT MEI	DICAL EXAMINE	R 🔲		DATE SIG	
			DEPUTY MEDICA	AL EXAMINER	x	1	12-25-6	5
	John Kehoe, M.D.		Address (Street.	city, town, or c	ounty)			
220	COMMA MOMOCO	OF CEMETERY OF			ION (City, town	, or county)	(Stat	No)
	REMOVAL (Specific	111	0				,	
	Burial (12-28-65) Gate	of Meaven	Cemeteru	deliver	Snaina	Maruli	and	
23	FUNERAL DIRECTORS Glan Carlege 434 ADDRE	ss poraja Au	enue 24a. RE	C'D BY REGISTR	0001			
1100		Spring	Md. DATEN	4 198	6 /	carles &	noge	
	The state of the s	1.7.6.7.6.3						

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 16921

1. PLACE OF DEATH a. COUNTY Prince George	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Adelphi Adelphi MARYLAND C. LENGTH CF STAY IN 1b 10 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
2203 Apache Streett	2203 Apache Streett ON A FARM? YES □ NO 🗵
3. NAME DF First Middle DECEASED (Type or print) HENRY CLAY Whi	teford 4. DATE Month Day Year DEC. 5, 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 26, 1901 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive 10b. KIND OF BUSINESS OR INDUSTRY Gas Co.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
W. MORGAN Whiteford-	ALICE SCARBOROUGH
(Yes no or unknyn) (If yes nive wer or dates of service)	INFORMANT Address
(Yes, no or unkown) (If yes give war or dates of service) 214 01 0316 Is	sabelle S. Whiteford Same as #2 (wife)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hun los
conditions, If any, which) DUE TO Carteres deart.	Heat Deseal.
gave rise to Immediate cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20c.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1-1, 1934, to 12-3, 1963, that (1) (we) last
	t death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE De M.I	
Aaron Deitz, M. D.	22d. ADDRESS Prince George Plaza Hyattsville, Md
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BUFIAL (Specify) 12/8/65 SLATEVILL	D 1
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, Md.	DATEC 8 1965 Schooles Judge

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ADDRESS

Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY 19. PERFORMED? YES [NO [(State) 20f. (City or town) (County) 22b. DATE SIGNED 5409 Riverdale Rd., Riverdale, Md. 23d. LOCATION (City, town or county) (State) Arlington, Va. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1965

e. IS RESIDENCE ON A FARM?

Year

Hours |

19 65

NO X

YES

Day

12. CITIZEN OF WHAT

VR A.15 (4) 20M 1/65 FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6923	CERTIFICATE OF DEATH	20305
OF DEATH NTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission

1. PLACE OF DEATH			titution: Residence before admission)
a. COUNTY Prince Georges MARYLANO	a. STATE D. C.	b. COU	(TY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 3 years, 3 mo		utside corporate limits, wr	ite RURAL and give nearest town)
Glenn Dale (rural) 23 dvs	Washingto	m 47X	3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Glenn Dale Hospital		Jersey Ave. S.	
3. NAME OF First Middle DECEASED (Type or print) Milton A.	Last Williams	4. DATE Mont	0ay Year 22 19 65
	8. OATE OF BIRTH	19. AGE (in years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED ON WIDOWED ON ORCE	4.17.1918	last birthday) 4.7 yrs.	Months Oays Hours Min.
10a, USUAL OCCUPATION (GIVE kind of workdone 10b, KIND OF BUSINESS OR		nty & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY			COUNTRY?
Skilled laborer D. C. Sewer Dept.	Macon Geo	N NAME	USA
Ernest Williams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Anna Adams	Addre	\$2
(Yes, no, or unkown) (If yes give war or dates of service)		710010	
10	Decedent		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	and the state of		INTERVAL BETWEEN
PART I. OF ATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Pulmonary tubercu	losis		ONSET AND OFATH
002/ DUE TO			
Conditions If any which \			
gave rise to immediate			
cause (a), stating the OUE TO			
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATEN TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 119. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED AND CONTRIBUTING TO DEATH BUT NOT RELIZED AND CONTRIBUTING TO CAUSE OF DEATH CITE OR CONTRIBUTING TO DEATH BUT NOT RELIZED.	TIED TO THE TERMINAL DI	SENSE CONOTTION GIVEN IN	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	JRREO. (Enter nature of I	njury in Part I or Part II o	of item 18.)
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	CE OF INJURY (Home, far	m. 20f. (City or town)	(County) (State)
Hour a.m. While Not While facto	ory, street, office bldg., etc	(.)	
	Jan.	10/00	(5
21. I certify that (I) (this hospital) attended the deceased from	1292 6:18	62 to 12/22	, 19 <u>65</u> , that (I) (we) last
saw the deceased alive on 12/22 19 65, and tha	t death occurred at	M, from the causes	and on the date stated above.
22a. SIGNATURE	ATTENOING M	EO. STAFF	22b. OATE SIGNEO
M.		RECTOR Y PHYS.	12/22/65
22c. PHYSICIAN'S NAME (Type)	22d. AODRESS G	lenn Dale Hos	pital
Moe Weiss, M. D.	Glenn Dale	Maryland	
23a. (BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY	23d. LOCATION (City, t	own or county) (State)
REMOVAL (Specify) 12/28/1965 MARMONY M	EMACIAL PORE	LANDONER	MARYLAND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'	D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
WIERNEST JARVIS CO. 1432 V.	l DFC	The state of the s	Carley Judge

N.W. WASH.

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executed within 24 hours after death. death certificate be HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temory carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH PLACE OF DEATH 1 2 USUAL RESIDENCE (Where decased lived 1f institution: Residence before admission)

1	a. CDUNTY	Prince Ge	orge	MARYL	AND	a. STATE	b. courvland	NTY Pri	nce G	eorge
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH CF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		Cheverly D. O. A.			X Riverda	le				
И	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in	hospital, give street ad	dress)	d. STREET ADDRESS			e. IS R	ESIDENCE
7	Prince C	eorge Gen	eral H	ospital		5426 67th	Avenue		YES	A FARM?
	3. NAME DF		irst	Middle		Last	4. DATE Mon	th	Day Y	ear _
	DECEASED (Type or print) Helen Wink		link	larek	DEATH Dec	c. 2,	19	9 65		
	5. SEX	6. COLOR OR RACE	7. MARRIE			DATE OF BIRTH	9. AGE (In years last birthday)		YEAR IF UND	
ì	Female	White	WIDDWE	Laid.		Nov. 20, 1	7101			
	during most of work	TIDN (Give kind of work ling life, even if retire	done 10b.	KIND OF BUSINESS DR INDUSTRY			ounty & State, or foreign count	COU	IZEN DF WH NTRY?	AT
	Housew			Own Home		New Y		U.	S. A.	
	13. FATHER'S NAM	/E			10.7	14. MDTHER'S MAID	EN NAME			
	Jacob M	lossner				Mary Zi	mmerman			
	15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO.	17.	INFORMANT	Addre	ess		100
	no	(in yes give was of dates	n service)		Ed	ith A. Cize	k Same as #2	dau!	ghter)	
	18. CAUSE DF	DEATH [Enter only or	e cause per	line for,(a), (b), and (c).]	, 1			INTERVAL E	ETWEEN
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(2)	rebral e	2/1	bolism			DNSET ANI	1
	4331	DUE	^	1	1	0 11 1	1		1	
	Cenditions, If		01/211	ricular	Lil	rillation E	clots-		3day	100
	gave rise to	Deter	TO	/					0	
	cause (a), s underlying cau	tuting the	(c)					5 7 70		
	PART II. DTHER	SIGNIFICANT CONDITI		BUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	IS EASE CONDITION GIVEN II	V PART 1(a)	19. WAS	AUTOPSY
	PART II. DTHER								YES _	ORMED?
0	E I ZUA, ACCIDENT	WAS UNDERLYING ING CAUSE OF DEATHY MEDICAL EXAMI	TH NER) 20b.	DESCRIBE HOW INJURY	Y OCCU	RRED. (Enter nature of	injury in Part I or Part II	of Item 18.)		
Ч		INJURY Month, Day,		INJURY OCCURRED 120	e PIA	E DF INJURY (Home, fa	rm. 20f. (City or town)	(Coun	lv)	(State)
	ZOC. TIME OF Hour a.		While		factor	y, street, office bldg., e	tc.)	(000111	97	(01414)
	p.	m. 19	at wo	rk at work						
ŀ	21. I certi	fy that (I) (this hos	pital) atten	ded the deceased fro			165, to 1200. 7			
		saw the deceased alive on Dec. 1, 1965, and that death occurred at JPM, from the causes and on the date stated above.								
	22a. SIGNATU	22a. SIGNATURE 22b. DATE SIGNED								
	114	who !	The		M.D	. PHYS.	DIRECTOR PHYS.	11 7	163	
	22c/ PHYSICI NAME (T		KR.	SHEA		22d. ADDRESS 4100 -	· > 2 -d N. E	: , W.	ashD	C
	23a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME DE CEN	METERY	OR CREMATORY	23d. LOCATION (City,	own or coun	ty)	(State)
	Burialva	1 12/6/	65	Lutheran	1		Middle Villa	age	N	I. Y.
	24. FUNERAL DIR	ECTOR		ADDRESS		25a. REC	'D BY REGISTRAR 25b		SIGNATURE	Por
	Francis	Gasch's So	ns H	yattsville, l	Md.	DATE	6 1965	A STATE OF THE STA	0	-

VR A15 (4) 20M 1/65

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FOR STAVE HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1-2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Department of the page 1 and 2 with the State Department of the page 1 and 2 within 72 hours after defith.

VR A15ME 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH	1				2. USUAL RESIDEN	ICE (Where de			sidence before	edmission)
		ce George's	S	MARYLA	ND	Maryland		Princ	e Georg	ze Is	
	b. CITY OR TOWN (if outside corporate limits		e. LENGTH OF STAY I		c. CITY OR TOWN	(If outside eorp				own)
		give neerest town)		DOA		V					
	Chever			DOA		1 Hillside					
	d. NAME OF HOSPI	IAL OR INSTITUTION (if	nol in hosp	pital, give street eddress)		d. STREET ADDRESS					RESIDENCE N A FARM?
	Prince (George Gener	ral Ho	ospital		5801 Mar S	treet	lie			NO X
3.	NAME OF	First		Middle		Lasi	4. DATE	Mont	h	Day Ye	Par
	(Type or print)	James		Elbert		Vood	OF DEATH	1	2	12 19	965
5.	SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	x B.	DATE OF BIRTH	9.	AGE (In years			ER 24 HRS.
R.	Tn 7 n		WIDOWE			3 Oct. 1965	2053	last birthday)	Months De	ys Hours	Min.
10	ale a. USUAL OCCUPAT	ON (Give kind of work	10b. KI	ND OF BUSINESS OR IN			or foreign eou		1 12. CITI7	EN OF WHAT	COUNTRY
do	one during most of wo	rking life eyen if retired	d)	ro or business or in	DOJIKI	Pro Geo Co		Md ·	US		COUNTRI
13.	. FATHER'S NAME					4. MOTHER'S MAIDEN					1.0
	Gera	ald Wood				Gerald	ine Di	llman			
15	WAS DECEASED BY	ED IN II S ADMED FOR	CEC2 114 5	SOCIAL SECURITY NO.	17 TN	FORMANT		Addres			
	es, no, or unkown) (I	fyesgive war or dates of se				rald Wood	17.2.7.1				
	no				ue	raid, wood	11111	lside	Md.		
	18. CAUSE OF D	EATH [Enter only one	cause per li	ne for (e), (b), and (c).]						INTERVAL B	
		H WAS CAUSED BY:	D	- 1 d -						unknov	
	ILAIV		brond	chopneumonia	1					ULIKITOV	VII
	97/1	DUE TO									
	Conditions, if any										
	geve rise to immedi	DITE TO									
	(e), stating the u	nderlying									
7		SIGNIFICANT CONDITI	TONS CON	TRIBUTING TO DEATH B	UT NOT	DELATED TO THE TERMI	NAI DISEASE	CONDITION GIV	ZEN IN DART 1	(-) 10 W/AC	ALITOREY
0	PART II. OTHER	SIGNIFICANT CONDITI	10143 CO14	I KIBOTING TO DEATH	0. 10.	KELATED TO THE TERM	MANE DISEASE	CONDITION GI	LEIN HALVELL		FORMED?
3										YES E	NO 🔢
CERTIFICATION	20a. EXTERNAL CA		Ob. DESCRI	IBE HOW INJURY OCCU	JRRED. (I	inter neture of injury in	Part I or Part II	of item 1B.)			
G	PRIMARY or CO	MIKIBUTING [
AL.	20c. TIME OF INJU	IRY Month, Day, Yee	1 204 1	NJURY OCCURRED 20	» PLAC	OF INJURY (Home, fare	m, : 20f. (City	or town)	(Count	w)	(Slete)
MEDICAL	Hour e.m.	KI MOIIII, Day, 100	While			y, street, office bldg., etc		Of YOWII)	(Coulin	7)	(21616)
ME	p.m.	19	et work	k et work			_ j				
	21. I certify th	at I took charge of	f the rema	ains described abov	e, held	an Autopsy K	Inspection	x Inqui	ry K	and in my	opinion
	death resulted f		_	Accident .	Suicid			determined n			
	dealli resulted i	Tons: Ivaluidi Cal	N X	Vection I	Suicid						
	OVER THE REAL PROPERTY.	11/	14			CHIEF MEDICAL	EXAMINER _				
	ACTUAL SIGNATURE	1 hts. 1	1/2	121		M.D. ASSISTANT MED	ICAL EXAMIN	ER 🗌		DATE SI	IGNED
		1	1			DEPUTY MEDICA	L EXAMINER	k			
	EXAMINER'S	2/1/ 20 1	7 5	D: 1.7.	Ma				7 '	070/	-
	NAME (Type)	John Kehoe.	M.D.	Riverdate	e TILL	Addrage (Strant	city town or	(Mauro	alid	2-13-6	5
220	/	Folin Kehoe,		Riverdale		, 1001030 (011001)		ounty) ION (City, town			(ate)
220	BURIAL, CREMATIC REMOVAL (Specify	DATE THEREC	OF	22c. NAME OF CEMETE	RY OR 6	ASMA E BY	22d. LOCAT	ION (City, town	, or county)	(SI	
	Burial /	Dec 15,	OF	Mt Oak Cen	RY OR 6	ry	22d. LOCAT	ion (City, towr hellsvi	.lle,	d.	
	BURIAL, CREMATIC REMOVAL (Specify Burial B. FUNERAL DIRECTO	Dec 15,	1965	Mt Oak Cen	ne te	ry	22d. LOCAT	ION (City, town hellsvi IAR 24b. REC	.lle,	d.	
	BURIAL, CREMATIC REMOVAL (Specify Burial B. FUNERAL DIRECTO	Dec 15,	1965	Mt Oak Cen	ne te	ry 24a, REC	22d. LOCAT	ion (City, towr hellsvi	.lle,	d.	
	BURIAL, CREMATIC REMOVAL (Specify Burial B. FUNERAL DIRECTO	Dec 15,	1965	Mt Oak Cen	ne te	ry	22d. LOCAT	ION (City, town hellsvi IAR 24b. REC	11e, A	d.	

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When the same of the same of 11 1 1 1 1 1 1 h a 3 5 5 (24) 3, 3,310 , 15, 406, 13 1 Entertained and and the property to the angle TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please founce carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION 16926

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George's MARYLAND	a. STATE Maryland b. COUNTY Prince George's
b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 5 days	College Park
d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince George's General Hospital	9524 49th Avenue YES No ₹
3. NAME DF First Middle DECEASED (Type or print) The resa A.	Yates 4. DATE Month Day Year Year Year DECATH December 1 19 65
Include	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Female White WIDOWED DIVORCED	July 6, 1917 48 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	Prince George, Md. U.S.A.
Housewife Own Hone	14. MOTHER'S MAIDEN NAME
Edgar M. Talbott	Agnes M. Phelps
	INFORMANT 7205 Baddre Rossburg Dr.
(Yes, no, or unkown) (If yes give war or dates of service)	Rose M. Suit College Park, Maryland
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), l	1 INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: R - D - L - C	
14 3 4 4 IMMEDIATE CAUSE (a) Production	marked pulmerary ONSET AND DEATH
DUE TO	a 1 odoere
conditions, if any, which gave rise to immediate (b)	fale energy
cause (a), stating the DUE TO	7.
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART III. OTHER SIGNIFICANT CONTRIBUTION CONTRIBU	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While at work at work	E OF INJURY (Home, farm, y, street, office bldg., etc.) 20f. (City or town) (County) (State)
	lov 26 , 1965, to Dec 1, , 1965, that (1) (we) last
	death occurred at 2:55M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED STAFF
Clon Dowers M.D.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Don B. Cameron, M.D.	3503 Perry St. Mt. Rainier, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF BREMOVAL (Specify) 12/4/65 Mt. Olivet	OR CREMATORY 23d. LOCATION (City, town or county) (State) Washington D. C.
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, Md.	DEC 6 1965 Charles Judge
	DATE- ()

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TO HOSPITAL.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Page to be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2/should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10344	CERTIFICAT	E OF DEATH	COLUMN -	30303
1. PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (Where	deceased lived, If institution: Resider	ce before edmission)
PRINCE GEORGE'S	MARYLAND	VIRGINIA	ARLINGTON	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL end give	neerest town)
ANDREWS AFB	62 DAYS	ARLINGTON	83 X 3	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	el, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
US AIR FORCE HOSPITAL			REET SOUTH	YES NO
3. NAME OF First DECEASED	Middle	YORK 4. DATE	Month Day	Yeer
(Type or print) IDA Lee	LOUISE	YORK DEAT	H DECEMBER 15	1965
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.4	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
FEMALE CAUC WIDOWED		2 APRIL 1886	79 yrs. Months Days	Hours Min.
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, of	or foreign country) 12. CITIZEN (OF WHAT COUNTRY?
done during most of working life, even if retired) HOUSEWIFE		PIKE COUNTY	KENTUCKY US	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	NENTOCKI O)A
WILLIAM A HARRIS		SARAH ANN TA	YLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	CIAL SECURITY NO. 17. IN		Address	
(Yes, no, or unkown) (If yes give war or dates of service)	H	USBAND	SAME AS ITEM	#2
18. CAUSE OF DEATH [Enter only one cause per line	for (e), (b), and (c),	OBBIND	, IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	7 1	1 - 4	OI	NSET AND DEATH
1999 IMMEDIATE CAUSE (6)	The same	Augus (Aronn		7
DUE TO	91.		- N J -	
Conditions, if eny, which gave rise to immediate cause	ween the	+ pelin well	c metallans	
(e), steting the underlying DUE TO				
cause last. (c) Rev	enhal BS	lein scleroni	offeners	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO BEATH BUT NOT	RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY
¥				PERFORMED?
☐ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCR	IBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert	II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTROL 20a. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d. IN.			ity or town) (County)	(State)
20c. TIME OF INJURY Month, Dey, Yee 20d. IN. Hour e.m. 19 etwork	Not While factor	y, street, office bldg., etc.)		
21. I certify that (I) (NAX Association) attended		13 Oct 10 65 4	75 Dog 1065	that (I) (szek lad
	19.0.2., and that	death occured at 0.5.1% fro	m the causes and on the d	22b. DATE
22a. SIGN TURE		ATTENDING MED.	STAFF	SIGNED
with pitchen	M.E		PHYS.	
27c. PHYSICIAN'S		22d. ADDRESS		
WILLIAM F PETERSON, CO	DL, USAF, MC	USAF HOSP AN	DREWS AFB, MD	
238. BURIAL, CREMATION, 236. DATE THEREOF	3c. NAME OF CEMETERY O	R CREMATORY 23d. LO	CATION (City, town or county)	(State)
Burial 12/17/65 A	rlimgton Natio	nal cometery Ar	lington Co. Va.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRPSS		STRAR 256 REGISTRAR'S SIGNA	TURE
Everly-Wheatley Funeral Hom	A Texandia	DEC 2.0 1	965 Thanks Ju	edge.
J- Eventy		Towner 12 0	0	V

